Message

From: Crossland, Ronnie [Crossland.Ronnie@epa.gov]
Sent: 4/4/2019 1:41:31 PM
To: Adams, Pratistha [Adams.Pratistha@epa.gov]
CC: Smith, Monica [smith.monica@epa.gov]; Smalley, Bryant [smalley.bryant@epa.gov]; Adams, Adam [Adams.Adam@epa.gov]
Subject: What do we know about this?

https://www.khou.com/mobile/article/news/local/lightning-strike-may-have-sparked-tank-fire-in-east-harris-county-overnight/285-a462a91b-ed35-434c-85d3-52bbf4987d75

Sent from my iPhone

90042014

Message

From: Spall, Amy [Amy.Spall@WestonSolutions.com]
Sent: 3/25/2019 4:54:45 PM
To: Adams, Pratistha [Adams.Pratistha@epa.gov]
Subject: START HASP for ITC Tank Fire
Attachments: START HASP ITC Tank Fire 3-25-19.docx

Hi Pratistha,

Attached is our START HASP for the ITC Tank Fire ER. Please let me know if you need anything else.

Thanks,

Amy Spall
Associate Scientist II
5599 San Felipe, Suite 700
Houston, Texas 77056

(713)-985-6648 Direct
573-539-9090 Cell
Amy.spall@westonsolutions.com
www.westonsolutions.com

SITE HEALTH AND SAFETY PLAN (*HASP*)

ITC FIRE RESPONSE
Independence Pkwy
Deer Park, Texas

Prepared For:
U.S. EPA REGION 6

Prepared by:
Weston Solutions, Inc.

5599 San Felipe, #700
Houston, TX 77056
713-985-6600

WO# 20600.012.001.1233.01

*[FILENAME * MERGEFORMAT][FILENAME * MERGEFORMAT]*

SITE HEALTH AND SAFETY PLAN (HASP)

W.O. Number: 20600.012.001.1233.01		**Date**: 3/23/2019	
TDD # (or NA)	**TBD**	**Site GPS:**	9.729415, -95.090261
Site Name:	ITC Fire Response	**Client:**	USEPA, Region 6
Work Location Address:	1934 Independence Parkway, Deer Park, TX		

Site History: (see additional history on next page).
The ITC plant is located in an industrial area with numerous chemical plants. On 17 March, an unknown amount of naptha, zylene and toluene were released into the air at the ITC plant. A fire occurred over the course of a few days, beginning on 17 March. Concentrations of benzene were detected. Ongoing air monitoring is being conducted by multiple agencies (local, state and federal). On 22 March, a breach of the berm occurred and product was released into the ship channel.
WESTON will be conducting air monitoring at the facility and in the surrounding neighborhoods.

Scope of Work:
Conduct air and and surface water sampling in and around the plant, and surface water sampling from a boat traveling in the Houston Ship Channel.

[FORMCHECKBOX] Site visit only; site HASP not necessary. List personnel here and sign off below:
[FORMCHECKBOX] **Utility notification required. If required, provide utility notification agency, authorization number, and valid dates:**

Regulatory Status:

Site regulatory status:

CERCLA/SARA **RCRA** **Other Federal Agency**

[FORMCHECKBOX] U.S. EPA [
FORMCHECKBOX] U.S. EPA [
FORMCHECKBOX] DOE

[FORMCHECKBOX] State [
FORMCHECKBOX] State [
FORMCHECKBOX] USACE

[FORMCHECKBOX] NPL Site **NRC** [
FORMCHECKBOX] Air Force

[FORMCHECKBOX] OSHA [
FORMCHECKBOX] 10 CFR 20 [
FORMCHECKBOX] [FORMTEXT]

Hazard Communication (Req'd See Attachment D)

[FORMCHECKBOX] 1910 [FORMCHECKBOX] 1926 [
FORMCHECKBOX] State

Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.

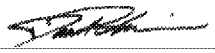
[FORMCHECKBOX] Stack Test	[FORMCHECKBOX] [FORMTEXT]
[FORMCHECKBOX] Air Emissions	[FORMCHECKBOX] [FORMTEXT]
[FORMCHECKBOX] Asbestos	[FORMCHECKBOX] [FORMTEXT]
[FORMCHECKBOX] Industrial Hygiene	[FORMCHECKBOX] [FORMTEXT]
[FORMCHECKBOX] [FORMTEXT]	[FORMCHECKBOX] [FORMTEXT]

Review and Approval Documentation:

In accordance with WESTON's CEHS Manual and Attachments, the FSO and/or PTL have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist.

Prepared by: Pam Marshall — Name (Print) — Signature — Date: 3/23/2019

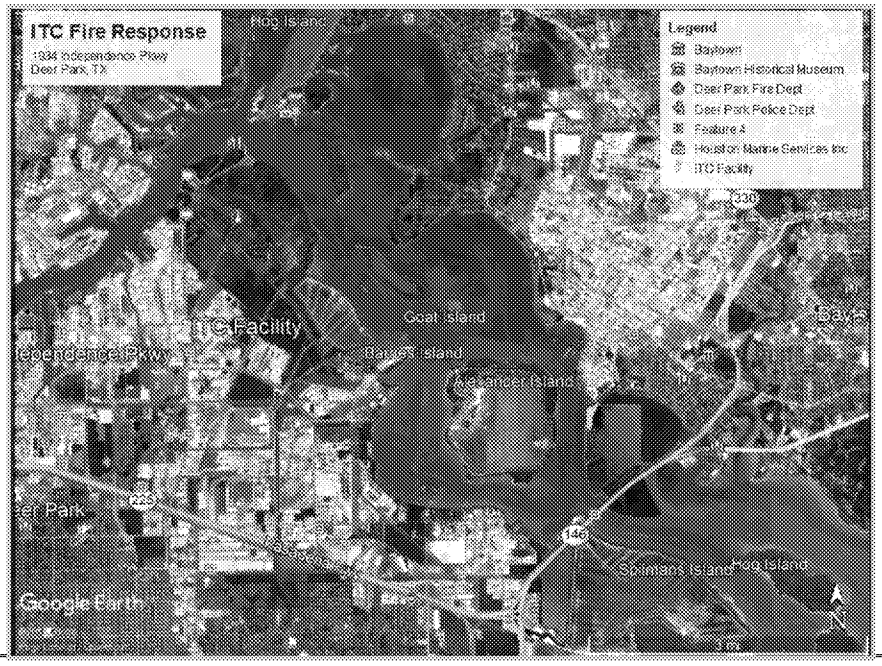
Reviewed by:
PM / Site Mgr. Daniel Tighe — Name (Print) — Signature — Date:

Reviewed by:			
FSO	Derrick Cobb		Date:
	Name (Print)	Signature	
Reviewed by:			
SO / Regional-SM	David Robinson		Date: 3/24/2019
	Name (Print)	Signature	

Additional Acknowledgements				
Reviewed by: DG Shipping Coord. (or N/A)	Danny Newman			Date:
	Name (Print)	Signature		
Reviewed by: Env. Compliance Lead (or N/A)				Date:
	Name (Print)	Signature		

Project Schedule / HASP Dates				
Start date:	**3/18/2019**	This site HASP **must** be **reissued/reapproved** for any activities conducted after:	Amendment date(s) 1. 3/23/19 (Full HASP) 2. 3.	By: P. Marshall
End date:	**4/30/2019**	Date: 9/23/2019 (No more than 6 mo. after HASP Approval Date)		

Additional Site History / Background:
START was tasked with responding to a major fire at the facility on Sunday, 17 March 2019. Approximately 10 large bulk storage tanks containing solvents were involved in a fire. Contaminants initially released include xylene, toluene, and naptha. An initial ER HASP was prepared on Monday, 3/18. The response continued through Wednesday, 20 March until the initial fire was extinguished with primarily documenting site conditions and perimeter / regional air monitoring. Once the site was accessible, START was tasked with conducting surface water and other media sampling in and around the plant, including the Houston Ship Channel and bayous near the plant. That work was delayed when additional tanks caught fire on 20 and 21 March. In addition, on Friday, 22 March a dike was breached at the plant and liquid product was released. Another fire occurred in the adjacent ditch and product was released into the ship channel.
With the extension of the work past the initial fire response, a full HASP is required to cover the additional tasking.



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ATTACHMENTS

ATTACHMENT A	Chemical Contaminants Data Sheets
ATTACHMENT B	Safety Data Sheets
ATTACHMENT C	Safety Procedures/Field Operating Procedures (FLD Ops)
ATTACHMENT D	Hazard Communication Program
ATTACHMENT E	Subcontractor EHS Planning Documents
ATTACHMENT F	Air Sampling Data Sheets
ATTACHMENT G	Incident Reporting
ATTACHMENT H	Traffic Control Plan
ATTACHMENT I	Environmental Health & Safety Inspection Checklist
ATTACHMENT J	Site Security Assessment
ATTACHMENT K	Hazard Checklist (Single Page)
ATTACHMENT L	Site / Project Audit Records

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES

Note: Personnel with certs marked in yellow may have limitations on their roles if working in the hotzone or in areas requiring respiratory protection. See the separate analysis of certs prepared 3/23/19.
Ensure that all phone contact information is added.

Name / Role / PPE Level	Training		Contact Info.	
Site Manager				
Name: Daniel Tighe Site Manager / Field Leader Level C Supervisor / B Trained	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	713-397-1550
Field Safety Lead(s)				
Name: Derrick Cobb Field Safety Lead Level B Supervisor / A Trained	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	832-347-4180
Name: Ben Latham Alternate FSL / Alternate Site Lead Level D Supervisor / C Trained	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	972-213-6618
Other Field Personnel				
Name: Jordan Bowes (sub) Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	
Name: Oscar Garcia Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	956-909-4311
Name: Amy Spall Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	573-539-9090
Name: Jason Myers Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	512-658-4211
Name: Corey Bercher Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training	Primary: Secondary: Other:	573-539-9090

		[FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] 30-Hour Construction Safety		
Name:	Taylor Law	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	281-755-4563
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Neil Daniel (sub)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	404-509-7666
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Gilbert Rivera	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	210-569-9056
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Owen Damon (sub)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	

Name / Role / PPE Level		Training		Contact Info.	
Name:	Austin Lindsey	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Akin Olufuwa (sub)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	609-666-9608
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Brittany Boyke (sub)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Michelle Curran (sub)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Kyle Jay (sub)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:	Akin Olufuwa (sub)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:		[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:		[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:		[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				Secondary:	
				Other:	
Name:				Primary:	

Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Secondary: Other:	
Name:	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				
Name:	[FORMCHECKBOX] CPR Current (1-2 Years) [FORMCHECKBOX] First Aid Current (1-2 Years) [FORMCHECKBOX] BB Pathogen Current (1 Year) [FORMCHECKBOX] DG Shipping Current (2 Year)	[FORMCHECKBOX] Medical Current [FORMCHECKBOX] OSHA Training Current [FORMCHECKBOX] FSO 8-Hour Training [FORMCHECKBOX] 30-Hour Construction Safety	Primary: Secondary: Other:	
Field Team Member Level D Supervisor / C Trained [FORMCHECKBOX] New Employee (<6 Months)				

1.1.1 Certification Requirements

Field Safety Officer - Changing field conditions may require decisions to be made concerning implementation of additional hazard controls. The personnel assigned as FSOs are experienced and meet the additional training requirements specified by OSHA in 29CFR1910.120. The FSO is responsible for verifying all certifications and fit tests are current.

OSHA Training - All personnel, including visitors, entering the work area(s) must have training and medical certifications of completion in accordance with OSHA 29CFR1910, 29CFR1926, and client requirements.

1.1.2 Vehicle Use Assessment & Selection

Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are:

1. Car or Small SUV
2. Commercial Vehicle (CMV)*
3. Light Duty Truck (1/2 T)
4. Large Truck (3/4 or 1 T) or Large SUV
5. UTV**
6. ATV***
7. Other:
8. Other:

Notes:

* Requires a CMV endorsement on driver's medical certification.
** Use of UTV's must conform to EM385-1-1, 18.J (2014) and all manufacturer's recommendations.
** Use of ATV's requires training and approval from a Regional EHS Manager.

The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name).

1. All: 1
2.
3.
4.
5.
6.
7.
8.
9.
10.

The project site was evaluated and a **Traffic Control Plan** [FORMCHECKBOX] is required [FORMCHECKBOX] is not required.

If required, the **Traffic Control Plan** should be inserted in **Attachment H**.

1.2 Subcontractor's Health and Safety Program Evaluation

Subcontractor Responsibilities			
Each Subcontractor shall develop and implement a site specific Health and Safety Plan (HASP) and corresponding Task- or Activity-Hazard Analyses (T/AHA) in accordance with the Terms & Conditions in their contract with WESTON. Each subcontractor will prepare, and submit to WESTON, a HASP and Safety Planning Documents for which they (Subcontractor) represent and warrant that all programs and documentation required by applicable law, rules and regulations are fully maintained and implemented in conjunction with its performance of the Subcontractor's Services hereunder.			
Subcontracted Firm:	United States Emergency Services	Contact Name:	Jason Neville, Regional Mgr.
Responsibilities/SOW:	Boat Ops, Boat Captain	Telephone:	713-673-9536
Address:	900 Seaco Avenue		
City, State, ZIP:	Deer Park, TX 77536		
Sub's EHS Planning Rec'd?	[FORMCHECKBOX] Yes [FORMCHECKBOX] No	Reviewed by PM: [FORMCHECKBOX] Yes Reviewed by FSO: [FORMCHECKBOX] Yes	
If Sub's Docs Not Rec'd:	Has risk-based subcontractor variance been completed/signed? [FORMCHECKBOX] Yes (attach) [FORMCHECKBOX] No		
Subcontracted Firm:		Contact Name:	
Responsibilities/SOW:		Telephone:	
Address:			
City, State, ZIP:			
Sub's EHS Planning Rec'd?	[FORMCHECKBOX] Yes [FORMCHECKBOX] No	Reviewed by PM: [FORMCHECKBOX] Yes Reviewed by FSO: [FORMCHECKBOX] Yes	
If Sub's Docs Not Rec'd:	Has risk-based subcontractor variance been completed/signed? [FORMCHECKBOX] Yes (attach) [FORMCHECKBOX] No		
Subcontracted Firm:		Contact Name:	
Responsibilities/SOW:		Telephone:	
Address:			
City, State, ZIP:			
Sub's EHS Planning Rec'd?	[FORMCHECKBOX] Yes [FORMCHECKBOX] No	Reviewed by PM: [FORMCHECKBOX] Yes Reviewed by FSO: [FORMCHECKBOX] Yes	
If Sub's Docs Not Rec'd:	Has risk-based subcontractor variance been completed/signed? [FORMCHECKBOX] Yes (attach) [FORMCHECKBOX] No		
Subcontracted Firm:		Contact Name:	
Responsibilities/SOW:		Telephone:	
Address:			
City, State, ZIP:			
Sub's EHS Planning Rec'd?	[FORMCHECKBOX] Yes [FORMCHECKBOX] No	Reviewed by PM: [FORMCHECKBOX] Yes Reviewed by FSO: [FORMCHECKBOX] Yes	
If Sub's Docs Not Rec'd:	Has risk-based subcontractor variance been completed/signed? [FORMCHECKBOX] Yes (attach) [FORMCHECKBOX] No		
Notes:			

Attach all subcontractor EHS Planning documents in Attachment E

2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: [FORMCHECKBOX] Complete [FORMCHECKBOX] Partial	If partial why?

Activities Covered Under This Plan:

HASP Task	Hazard ID#'s (from below)	Task Description	Schedule
1	1, 4	Perimeter / Regional Air Monitoring	3/23 - TBD
2	1, 4	Surface Water Sampling (Boat Ops)	3/23 TBD
3	NA	ICP Operations	3/23 -TBD
4			
5			
6			

Types of Hazards: Numbers refer to one of the following hazards Complete hazard evaluation forms to include procedures to address each class.

Physiochemical 1

[FORMCHECKBOX] Flammable

[FORMCHECKBOX] Explosive

[FORMCHECKBOX] Corrosive

[FORMCHECKBOX] Reactive

[FORMCHECKBOX] O_2 Rich

[FORMCHECKBOX] O_2 Deficient

Chemically Toxic 1

[FORMCHECKBOX] Inhalation [FORMCHECKBOX] Carcinogen

[FORMCHECKBOX] Ingestion [FORMCHECKBOX] Mutagen

[FORMCHECKBOX] Contact [FORMCHECKBOX] Teratogen

[FORMCHECKBOX] Absorption

[FORMCHECKBOX] OSHA 1910.1000 Substance (Air Contaminants)

[FORMCHECKBOX] OSHA Specific Hazard Substance Standard (Refer to following page for listing)

Radiation 3

Ionizing:

[FORMCHECKBOX] Internal exposure

[FORMCHECKBOX] External exposure

Non-ionizing:

[FORMCHECKBOX] UV [FORMCHECKBOX] IR

[FORMCHECKBOX] RF [FORMCHECKBOX] MicroW

[FORMCHECKBOX] Laser

Biological 2

[FORMCHECKBOX] Etiological Agent

[FORMCHECKBOX] Other (plant, insect, animal)

[FORMCHECKBOX] **Physical Hazards 4**

[FORMCHECKBOX] Construction Activities

[FORMCHECKBOX] Driving / Road Hazards

[FORMCHECKBOX] Boat Operations

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks

[FORMCHECKBOX] Air

[FORMCHECKBOX] Other Surface

[FORMCHECKBOX] Groundwater

[FORMCHECKBOX] Soil

Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

[FORMCHECKBOX] Client Facility/WESTON Work Location

[FORMCHECKBOX] Nearby Non-Client Facility

Describe:

[FORMCHECKBOX] Surface Water [FORMCHECKBOX] Sanitary Wastewater [FORMCHECKBOX] Process Wastewater [FORMCHECKBOX] Other **Boat Ops / Work on/near water**	[FORMCHECKBOX] Has the client secured access to the site and coordintated activities with facility personnel? Comments: EPA OSC has secured site access.

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

Chemical Contaminants of Concern	Chemical Products Taken to the Site:
Attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, Hazardous Substances Data base (HSDB), etc. List chemicals and concentrations below and locate data sheets in Attachment A of this HASP.	Identify hazardous materials used or on-site and attach Safety Data Sheets (SDSs) for all reagents, chemicals, solutions, or other materials taken to the site Ensure that Hazard Communication plan established in Attachment D and all SDS are onsite.

Chemical Name	Concentration (air)	Chemical Name	Quantity
Benzene (to date concentrations in the vicinity of the plant measured between 0 and 3 ppm	**0 - 3 ppm**	Hydrochloric Acid (1:1 HCl) as sample preservative	~ 2 mL / bottle
Other BTEX Components	**Unk**	Nitric Acid (1:1 HNO_3) as sample preservative	~ 2 mL / bottle
		Sulfuric Acid (H_2SO_4) as sample preservative	~ 2 mL / bottle
		Sodium Hydroxide as sample preservative	~ 2 mL/ bottle
		Isobutylene, zero air, 4 gas calibration standards	~ 0.6 ft^3/ cyl.
		Gasoline as fuel for site equipment	N/A
		Alconox/Liquinox	< 1 kg

HAZARDOUS SUBSTANCES WITH OSHA-SPECIFIC STANDARDS

[FORMCHECKBOX] 1910.1001 Asbestos	[FORMCHECKBOX] 1910.1002 Coal tar pitch volatiles	[FORMCHECKBOX] 1910.1003 4-Nitrobiphenyl, etc.	[FORMCHECKBOX] 1910.1004 alpha-Naphthylamine
[FORMCHECKBOX] 1910.1005 [Reserved]	[FORMCHECKBOX] 1910.1006 Methyl chloromethyl ether	[FORMCHECKBOX] 1910.1007 3,3'-Dichlorobenzidine (and its salts)	[FORMCHECKBOX] 1910.1008 bis-Chloromethyl ether
[FORMCHECKBOX] 1910.1009 beta-Naphthylamine	[FORMCHECKBOX] 1910.1010 Benzidine	[FORMCHECKBOX] 1910.1011 4-Aminodiphenyl	[FORMCHECKBOX] 1910.1012 Ethyleneimine
[FORMCHECKBOX] 1910.1013 beta-Propiolactone	[FORMCHECKBOX] 1910.1014 2-Acetylaminofluorene	[FORMCHECKBOX] 1910.1015 4-Dimethylaminoazobenzene	[FORMCHECKBOX] 1910.1016 N-Nitrosodimethylamine
[FORMCHECKBOX] 1910.1017 Vinyl chloride	[FORMCHECKBOX] 1910.1018 Inorganic arsenic	[FORMCHECKBOX] 1910.1025 Lead (Att. FLD# 46)	[FORMCHECKBOX] 1910.1026 Chromium VI (att. FLD 53)
[FORMCHECKBOX] 1910.1027 Cadmium (Att. 50 FLD)	[FORMCHECKBOX] 1910.1028 Benzene (Att. FLD# 54 or 61)	[FORMCHECKBOX] 1910.1029 Coke oven emissions	[FORMCHECKBOX] 1910.1043 Cotton dust
[FORMCHECKBOX] 1910.1044 1,2-Dibromo-3-chloropropane	[FORMCHECKBOX] 1910.1045 Acrylonitrile	[FORMCHECKBOX] 1910.1047 Ethylene oxide	[FORMCHECKBOX] 1910.1048 Formaldehyde
[FORMCHECKBOX] 1910.1050 Methylenedianiline	[FORMCHECKBOX] 1910.1051 1,3-Butadiene	[FORMCHECKBOX] 1910.1052 Methylene chloride	[FORMCHECKBOX] 1926.60 Methylenedianiline
[FORMCHECKBOX] 1926.62 Lead	[FORMCHECKBOX] 1926.1101 Asbestos (Att. FLD 52)	[FORMCHECKBOX] 1926.1127 Cadmium	**[FORMCHECKBOX]** 1926.1153 Crystalline Silica (Construction)

[FORMCHECKBOX] 1910.1053 Crystalline Silica Gen. Ind.)			

HEALTH AND SAFETY EVALUATION

2.1.3 Biological Hazards of Concern

[FORMCHECKBOX] **Poisonous Plants** (FLD 43-D) Location/Task No(s) **All** Source: [FORMCHECKBOX] Known [FORMCHECKBOX] Suspect Route of Exposure: [FORMCHECKBOX] Inhalation [FORMCHECKBOX] Ingestion [FORMCHECKBOX] Contact [FORMCHECKBOX] Direct Penetration Team Member(s) Allergic: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Immunization required: [FORMCHECKBOX] Yes [FORMCHECKBOX] No	[FORMCHECKBOX] **Insects** (FLD 43-B) Location/Task No(s) **All** Source: [FORMCHECKBOX] Known [FORMCHECKBOX] Suspect Route of Exposure: [FORMCHECKBOX] Inhalation [FORMCHECKBOX] Ingestion [FORMCHECKBOX] Contact [FORMCHECKBOX] Direct Penetration Team Member(s) Allergic: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Immunization required: [FORMCHECKBOX] Yes [FORMCHECKBOX] No
[FORMCHECKBOX] **Snakes, Reptiles** (FLD 43-A) Location/Task No(s) **All** Source: [FORMCHECKBOX] Known [FORMCHECKBOX] Suspect Route of Exposure: [FORMCHECKBOX] Inhalation [FORMCHECKBOX] Ingestion [FORMCHECKBOX] Contact [FORMCHECKBOX] Direct Penetration Team Member(s) Allergic: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Immunization required: [FORMCHECKBOX] Yes [FORMCHECKBOX] No	[FORMCHECKBOX] **Animals** (FLD 43-A) Location/Task No(s) **All** Source: [FORMCHECKBOX] Known [FORMCHECKBOX] Suspect Route of Exposure: [FORMCHECKBOX] Inhalation [FORMCHECKBOX] Ingestion [FORMCHECKBOX] Contact [FORMCHECKBOX] Direct Penetration Team Member(s) Allergic: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Immunization required: [FORMCHECKBOX] Yes [FORMCHECKBOX] No
FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP [FORMCHECKBOX]	

[FORMCHECKBOX] **Sewage** Location/Task No.(s): Source: [FORMCHECKBOX] Known [FORMCHECKBOX] Suspect Route of Exposure: [FORMCHECKBOX] Inhalation [FORMCHECKBOX] Ingestion [FORMCHECKBOX] Contact [FORMCHECKBOX] Direct Penetration Team Member(s) Allergic: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Immunization required: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Tetanus Vaccination within Past 10 yrs: [FORMCHECKBOX] Yes [FORMCHECKBOX] No	[FORMCHECKBOX] **Etiologic Agents** (FLD –C)**(List)** Location/Task No.(s): Source: [FORMCHECKBOX] Known [FORMCHECKBOX] Suspect Route of Exposure: [FORMCHECKBOX] Inhalation [FORMCHECKBOX] Ingestion [FORMCHECKBOX] Contact [FORMCHECKBOX] Direct Penetration Team Member(s) Allergic: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Immunization required: [FORMCHECKBOX] Yes [FORMCHECKBOX] No
FLD 43-C — Mold and Fungus. Att. OP [FORMCHECKBOX]	
FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP [FORMCHECKBOX]	
FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP [FORMCHECKBOX]	

HEALTH AND SAFETY EVALUATION

2.1.4 Radiation Hazards of Concern

NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
ALL	Ultraviolet	Solar			Appropriate clothing/ sunscreen	None
	Infrared					
	Radio Frequency					
	Microwave					
	Laser					

IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC (µCi/mL)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		

HEALTH AND SAFETY EVALUATION

2.1.5 Applicable WESTON Field Operating Procedures

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Occupational Noise	Hearing loss/disruption of communication	[FOR MCH ECKB OX]	CEHS Program Manual – Appendix A5
Inclement weather	Rain/humidity/cold/ice/snow/lightning	[FOR MCH ECKB OX]	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	[FOR MCH ECKB OX]	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	[FOR MCH ECKB OX]	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	[FOR MCH ECKB OX]	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	[FOR MCH ECKB OX]	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	[FOR MCH ECKB OX]	FLD02 - Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	[FOR MCH ECKB OX]	FLD08 - Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	[FOR MCH ECKB OX]	FLD09 – Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	[FOR MCH ECKB OX]	FLD10 - Manual Lifting/Handling Heavy Objects

Uneven surfaces	Vehicle accidents/slips/trips/falls	[FOR MCH ECKB OX]	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	[FOR MCH ECKB OX]	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	[FOR MCH ECKB OX]	FLD13 - Structural Integrity
Improper cylinder. handling	Mechanical injury/fire/explosion/suffocation	[FOR MCH ECKB OX]	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	[FOR MCH ECKB OX]	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	[FOR MCH ECKB OX]	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	[FOR MCH ECKB OX]	FLD19 - Working Near/Over Water
Vehicle hazards	Struck by vehicle/collision	[FOR MCH ECKB OX]	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	[FOR MCH ECKB OX]	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	[FOR MCH ECKB OX]	FLD22 – Earth Moving Equipment
Moving mech. parts	Overhead hazards/electrocution	[FOR MCH ECKB OX]	FLD23 – Cranes, Rigging, and Slings

Working at elevation	Overhead hazards/falls/electrocution	[FOR MCH ECKB OX]	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	[FOR MCH ECKB OX]	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	[FOR MCH ECKB OX]	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	[FOR MCH ECKB OX]	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	[FOR MCH ECKB OX]	FLD28 - Excavating/Trenching
Physiochemical	Explosions/fires from oxidizing, flam./corr. material	[FOR MCH ECKB OX]	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	[FOR MCH ECKB OX]	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	[FOR MCH ECKB OX]	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	[FOR MCH ECKB OX]	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	[FOR MCH ECKB OX]	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	[FOR MCH ECKB OX]	FLD35 - Electrical Safety

Burns/fires	Heat stress/fires/burns	[FOR MCH ECKB OX]	FLD36 - Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impaction/heat stress	[FOR MCH ECKB OX]	FLD37 - Pressure Washers/Sand Blasting
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	[FOR MCH ECKB OX]	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	[FOR MCH ECKB OX]	FLD39 - Illumination
Fire/explosion	Burns/impaction	[FOR MCH ECKB OX]	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	[FOR MCH ECKB OX]	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	[FOR MCH ECKB OX]	FLD42 - Lockout/Tag-out
Biological Hazards	Biological Hazards at site	[FORMC HECKB OX]	FLD43 - Biological Hazards
Animals	Animals	[FOR MCH ECKB OX]	FLD43A - Animals
Insects	Stinging and Biting Insects	[FOR MCH ECKB OX]	FLD43B - Stinging and Biting Insects
Molds/Fungi	Molds and Fungi	[FOR MCH ECKB OX]	FLD43C - Molds and Fungi
Hazardous Plants	Hazardous Plants	[FOR MCH ECKB OX]	FLD43D - Hazardous Plants

Etiologic Agents	Etiologic Agents	[FOR MCH ECKB OX]	FLD43E - Etiologic Agents

2.1.5 Applicable WESTON Field Operating Procedures (Continued)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Biological Hazards/BBP	Biological Hazards/BBP at site/First Aid Providers	[FORMCHECKBOX]	FLD44 - Biological Hazards – Bloodborne Pathogens Exposure Control Plan – First Aid Providers
Infectious Waste	Infectious Waste at site/BBP/ at site/Infectious Waste	[FORMCHECKBOX]	FLD45 – Biological Hazards – ECP – Infectious Waste
Lead Contaminated sites	Lead poisoning	[FORMCHECKBOX]	FLD46 - Control of Exposure to Lead
Puncture/cuts	Cuts/ dismemberment/gouges	[FORMCHECKBOX]	FLD47 - Clearing, Grubbing and Logging Operations
Government Inspector	Disruption of Operations	[FORMCHECKBOX]	FLD48 – Federal, State, Local Regulatory Agency Inspections
Unknown Chemicals	Exposure to hazardous materials/waste	[FORMCHECKBOX]	FLD49 – Safe Storage of Samples
Cadmium	Exposure Control	[FORMCHECKBOX]	FLD50 – Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	[FORMCHECKBOX]	FLD51 – Process Safety Procedure
Asbestos	Asbestos Exposure	[FORMCHECKBOX]	FLD52 – Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	[FORMCHECKBOX]	FLD53 – Hexavalent Chromium Exposure Control Plan

Benzene	Exposure Control Plan	[FOR MCH ECKB OX]	FLD54 - [HYPERLINK "http://westonnet/health/Field%20Manual/H&S_PDFs/fld54.pdf" \t "_blank" \o "http://westonnet/health/Field%20Manual/H&S_PDFs/fld54.pdf"]
Hydrofluoric acid	Working with HF	[FOR MCH ECKB OX]	FLD55 – Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	[FOR MCH ECKB OX]	FLD56 – Drilling Safety
Vehicles/driving	Accidents,/fatigue/cell phone use	[FOR MCH ECKB OX]	FLD 57 – Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	[FOR MCH ECKB OX]	FLD 58 – Drum Handling Operations
COC decontamination	COCs/slip, trip, and falls/waste generation/environmental compliance/PPE	[FOR MCH ECKB OX]	FLD59 - Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	[FOR MCH ECKB OX]	Environmental Remediation Drilling Safety Guideline
Fatigue	Long work hours	[FOR MCH ECKB OX]	FLD60 – Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	[FOR MCH ECKB OX]	FLD61 – Gasoline Contaminant Exposure
Cardiac Arrest	Accident/Heart Attack	[FOR MCH ECKB OX]	FLD62 – 2009 Automatic External Defibrillator (AED) Program Guidelines
Ionizing Radiation	Ionizing Radiation	[FOR MCH ECKB OX]	FLD63 – Using Handheld XRF Analyzers

Working Alone	Isolated Working Conditions	[FOR MCH ECKB OX]	FLD64 – Employees Working Alone
Airborne Contaminants	Respiratory Protection Program	[FOR MCH ECKB OX]	FLD-65 – Repiratory Protection

Client or Site-Specific EHS SOPs (Describe):

3. TASK BY TASK ASSESSMENT

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.1 Task 1 Description

TASK 1: Conduct air monitoring in the communities in the vicinity of the incident. This will be facilitated by driving around the areas surrounding the plant. Parameters include carbon monoxide (CO), hydrogen sulfide (H2S), oxygen (O2), lower explosive limit (LEL), volatile organic compounds (VOCs) and benzene.
Operational periods are 0700 – 1900 hours and 1900 – 0700.

POTENTIAL HAZARDS/RISKS

Chemical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

Benzene-specific instrumentation has identified areas where the benzene ranges from 0.5-4X the action level of 0.5 ppm. Monitoring will be conducted continuously around the facility work areas and teams will don Level C respiratory protection when action levels are exceeded. Employees will carry air purifying respirators (APRs) at all times. Other aromatic compounds are also known to be present (benzene, toluene ethyl benzene and xylenes [BTEX] components; a standard action level, consistent with FLD-61 guidance is defined for upgrade to Level C in the absence of benzene action level exceedences.

Physical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?
Air monitoring teams will conduct most work from vehicles and on foot around the spill site. Driving safety will be primary risk. Personnel should switch off driving duties between team members at no greater than 2-hr intervals.
Night operations will increase the risk. All speed limits will be obeyed and drivers will focus on driving and not the air monitoring activities being conducted by the other team member(s). Work will be conducted in 12-hr intervals. Due to 24/7 operations employee fatigue must be assessed by Team Leads with frequent check-ins with mobile teams, observations of members behavior, and interviews at the end of the workshift.

Biological

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?
Avoid areas where poisonous animals (snakes, spiders) and plants are likely. Air monitoring locations should be selected adjacent to or near roads, and not in densely vegetated areas if possible. The area surrounding the plant is generally residential.

RADIOLOGICAL

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

Level D with action levels for total VOCs and benzene for upgrade to Level C. If Level C action levels are exceeded, the team will exit the area and maintain Level C respiratory protection until reaching an area where measured airborne concentrations are below action levels.

EQUIPMENT REQUIRED/USED

GPS Units	Gamma meter	Logbook,
MultiRAE	Digital Camera / iPad	First Aid Kit / BBP Kit
UltraRAE 3000 (benzene)	Cell Phone	Respirators (APRs)
Rain Gear	Reflective Safety Vest	
Level D ensemble	Nitrile gloves	

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures (SOPs).

TASK-BY-TASK RISK ASSESSMENT (Continued)

3.1.2 Task 2 Description

TASK 2: Surface Water Sampling: Analysis of VOCs, semi-volatile organic compounds (SVOCs), oil and gas (O&G), and perfluorooctane sulfonate (PFOS) parameters. Operations will be conducted 24/7 for the foreseeable future.
Operational periods are 0700 – 1900 hours and 1900 – 0700.

POTENTIAL HAZARDS/RISKS

Chemical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?
Airborne benzene and other BTEX components are assumed present in the surface waters impacted by the fire and runoff of product. All on-foot and boating operations must be monitored continuously for total VOCs and benzene. If the Level D action levels are exceeded for any parameter, Level C respiratory protection will be donned for the remainder of the task. Avoid contact with surface waters by using Level C ensemble of a chemical-resistant coveralls, latex booties, and nitrile gloves.

Commented [MP1]: Mentioned going from level D to B. is that still the case?

Physical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?
Surface water sampling will require boating operations for most of the work. A Weston subcontracted boat service will be employed. All personnel on or within 6 ft of water that represents a drowning hazard will don a US Coast Guard (USCG)-approved Type III or V personal flotataion devices (PFD). The subcontractor is required to submit all vessel information and certification of the boat captain in accordance with FLD19. Due to 24/7 operations employee fatigue must be assessed by Team leads with frequent check-ins with remote teams, observations of members behavior, and interviews at the end of the workshift.
Boating Operations:

- Work: Collect surface water samples from the Houston Ship Channel and connected bayous in the vicinity of the ITC facility
- Body of Water: The Houston Ship Channel from the area of the plant east to the confluence with the Gulf of Mexico; bayous near and southeast of the ITC facility that may be contaminated.
- Type of Boat:
- Boat Crew:
- Hours of Operation:
- Weather condition prohibitions: Any weather alerts issued by a local, regional or federal agency will result in postponement of activities
- Communication Method(s): Boat crew will maintain communications with USCG command post and with ship channel control personnel. Weston personnel, where possible, will maintain site radio comms with the Weston/EPA shore command post and personnel. Cell phones will be utilized for backup communications.
- Navigation: The boat captain will chart the anticipated areas and travel route(s) of the boat each day and incorporate in the daily float plan filed with the Weston command staff.
- The boat captain will prepare, file, and submit to Weston a daily float plan incorporating:
  - 1) A description of the boat in detail,
  - 2) the number and names of all persons on board,
  - 3) the radio type(s) and available frequencies for the boat,
  - 4) The trip purpose, destination(s), and the expected return time, and
  - 5) The name and phone numbers of the Coast Guard and other agencies to be notified if the return time is delayed beyond the planned time.
- The boat captain will prepare and submit to Weston a daily inspection form demonstrating the seaworthiness of the vessel. A courtesy inspection by the USCG Auxillary, or equivalent inspection, should be conducted prior to deployment of the boat on the project.
- The boat captain or operator company must submit company EHS SOPs for boat operations, safety equipment on the vessel, emergency procedures, refluelng procedures, and the qualifications / certifications for the crew onboard.

Biological

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?
Avoid areas where poisonous animals (snakes, spiders) and plants are likely. Air monitoring locations should be chosen next or near roads and not in densely vegetated areas if possible.

RADIOLOGICAL

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

Level D with action levels for total VOCs and benzene for upgrade to Level C. If Level C action levels are exceeded, the team will exit the area and maintain Level C respiratory protection until they reach an area where measured airborne concentrations are below action levels.

EQUIPMENT REQUIRED/USED

GPS Units	Gamma meter (Ludlum 19 or MultiRAE)	Logbook,		
MultiRAE	Digital Camera / iPad	First Aid Kit / BBP Kit		
UltraRAE 3000 (benzene)	Cell Phone	Coolers / jarware		
Rain Gear	Reflective Safety Vest	Baggies		
Level D ensemble	Nitrile gloves			
Level C PPE available on boat	Type III or V USCG PFD or Work Vest			

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

TASK-BY-TASK RISK ASSESSMENT (Continued)

3.1.3 Task 3 Description

TASK 3: Command Post Operations

POTENTIAL HAZARDS/RISKS

Chemical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

Physical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?
Typical office hazards likely exist; take frequent breaks to stretch and walk around to avoid repetitive motion issues. Fatigue and driving hazards represent largest risks. Personnel will limit daily workshifts to 12 hrs or less if roundtrip commute time is one hour or less. All site personnel should be monitored by ICP staff for signs of fatigue. The standard mobilization schedule should limit a tour of duty to 14 or fewer working days, followed by at least two full days of rest with no site responsibilities. If any staff reports or is observed as fatigued at the end of the workday, the site management team, or any co-worker should arrange for travel to/from lodging for the night (Uber, Lyft, cab).

Biological

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?
Only normal hygiene and housekeeping issues should be present.

RADIOLOGICAL

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

Level D PPE with a standard work uniform. If ICP personnel need to visit the field operations, all PPE requirements for those tasks applies to all personnel. ICP personnel visiting the field are also subject to training/certification requirements for field personnel.

EQUIPMENT REQUIRED/USED

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

TASK-BY-TASK RISK ASSESSMENT (Continued)

3.1.4 Task 4 Description

TASK 4:

POTENTIAL HAZARDS/RISKS

Chemical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

Physical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

Biological

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

RADIOLOGICAL

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

EQUIPMENT REQUIRED/USED

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

TASK-BY-TASK RISK ASSESSMENT (Continued)

3.1.5 Task 5 Description

TASK 5:

POTENTIAL HAZARDS/RISKS

Chemical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

Physical

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

Biological

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

RADIOLOGICAL

[FORMCHECKBOX] Hazard Present Risk Level: [FORMCHECKBOX] H [FORMCHECKBOX] M [FORMCHECKBOX] L
What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

EQUIPMENT REQUIRED/USED

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

3.2 PERSONNEL PROTECTION PLAN

Engineering Controls
Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)	
All	Use of seatbelts during all mobilization/demobilization and site driving activities

Administrative Controls
Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)	
All	Fatigue will be managed by limiting the daily work hours to ≤12/day in a mobilization period of 14 or fewer days. A minimum of two complete days of rest is required between mobilizations.

Personal Protective Equipment
Action Levels for Changing Levels of Protection. Refer to Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)	
1	Level D, with upgrade to Level C at action levels established for total VOCs and benzene.
2	Level D; PFD use for all work on or within 6ft of water that represents a drowning hazard.
2	Upgrade to Level C, or as applicable, Level B PPE if action levels specified in this document are exceeded.

Description of Levels of Protection

Level D		**Level D Modified – Add these items**	
Task(s): 1		**Task(s)**: 1	
[FORMCHECKBOX] Head	Hard Hat if overhead hazards exist	[FORMCHECKBOX] Head	
[FORMCHECKBOX] Eye and Face	ANSI Z87 Safety Glasses Face shield if needed	[FORMCHECKBOX] Eye and Face	
[FORMCHECKBOX] Hearing	Ear plugs or muffs as needed	[FORMCHECKBOX] Hearing	
[FORMCHECKBOX] Arms and Legs Only		[FORMCHECKBOX] Arms and Legs Only	
[FORMCHECKBOX] Appropriate Work Uniform	Work uniform-long pants/shirt	[FORMCHECKBOX] Whole Body	Chem-protective suit if contaminant or contaminated water contact likely.
[FORMCHECKBOX] Hand – Gloves	Inner: nitrile surgical Outer: as needed	[FORMCHECKBOX] Apron	
[FORMCHECKBOX] Foot - Safety Boots	Safety-toe boots (ASTM D2413)	[FORMCHECKBOX] Hand - Gloves	
[FORMCHECKBOX] Fall Protection		[FORMCHECKBOX] Gloves	
[FORMCHECKBOX] Flotation	USCG Type III or V PFD	[FORMCHECKBOX] Gloves	
[FORMCHECKBOX] Reflective Vest	Class II or III	[FORMCHECKBOX] Foot - Safety Boots	
[FORMCHECKBOX] Other		[FORMCHECKBOX] Over Boots	
		[FORMCHECKBOX] Reflective Vest	
		[FORMCHECKBOX] Personal Flotation Device	

3.3 DESRIPTION OF LEVELS OF PROTECTION			
Level C		**Level B**	
Task(s): 2		**Task(s): 2**	
[FORMCHECKBOX] Head	Hardhat	[FORMCHECKBOX] Head	Hardhat
[FORMCHECKBOX] Eye and Face	FFAPR mask	[FORMCHECKBOX] Eye and Face	FFAPR mask
[FORMCHECKBOX] Hearing	As needed for work area >85dBA	[FORMCHECKBOX] Hearing	Comms device will prevent use
[FORMCHECKBOX] Arms and Legs Only		[FORMCHECKBOX] Arms and Legs Only	[FORMTEXT]
[FORMCHECKBOX] Whole Body	Chem-protective suit for splashes (PE-coated or Saranex)	[FORMCHECKBOX] Whole Body	Chem-protective suit for splashes (PE-coated or Saranex)
[FORMCHECKBOX] Apron		[FORMCHECKBOX] Apron	[FORMTEXT]
[FORMCHECKBOX] Hand – Gloves	Double nitrile for sampling activities	[FORMCHECKBOX] Hand - Gloves	Double nitrile for sampling activities
[FORMCHECKBOX] Gloves		[FORMCHECKBOX] Gloves	[FORMTEXT]
[FORMCHECKBOX] Gloves		[FORMCHECKBOX] Gloves	[FORMTEXT]
[FORMCHECKBOX] Foot - Safety Boots	Reusable rubber or disposable latex	[FORMCHECKBOX] Foot - Safety Boots	Reusable rubber or disposable latex
[FORMCHECKBOX] Outer Boots		[FORMCHECKBOX] Outer Boots	[FORMTEXT]
[FORMCHECKBOX] Boots (Other)		[FORMCHECKBOX] Boots (Other)	[FORMTEXT]
[FORMCHECKBOX] Half Face		[FORMCHECKBOX] SA-Airline (w/escape)	[FORMTEXT]
[FORMCHECKBOX] Cart./Canister		[FORMCHECKBOX] SCBA	Scott AV3000 facepiece + SCBA
[FORMCHECKBOX] Full Face	Scott AV3000 facepiece	[FORMCHECKBOX] Comb. Airline/SCBA	Evaluate for boat operations
[FORMCHECKBOX] Cart./Canister	Organic vapor (OV), SC1 or SD1 combination cartridge	[FORMCHECKBOX] Cascade System	Evaluate for boat operations
[FORMCHECKBOX] PAPR		[FORMCHECKBOX] Compressor	Evaluate for boat operations
[FORMCHECKBOX] Cart./Canister		[FORMCHECKBOX] Fall Protection	[FORMTEXT]
[FORMCHECKBOX] Fall Protection		[FORMCHECKBOX] Flotation	USCG Type III or V work vest or PFD
[FORMCHECKBOX] Flotation	USCG Type III or V work vest PFD	[FORMCHECKBOX] Other	Reflective vest
[FORMCHECKBOX] Other:	Reflective vest	[FORMCHECKBOX] Other	[FORMTEXT]
[FORMCHECKBOX] Other:		[FORMCHECKBOX] Other	[FORMTEXT]

Note: **Any** work requiring Level A LOP must be planned with a Regional Safety Manager prior to implementing

4. MONITORING PROGRAM

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: [FORMCHECKBOX] Field Notebook [FORMCHECKBOX] Field Data Sheets [FORMCHECKBOX] Air Monitoring Log [FORMCHECKBOX] Trip Report [FORMCHECKBOX] Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
[FORMCHECKBOX] **RAD**						
[FORMCHECKBOX] GM (Pancake)				[FORMCHECKBOX]		
[FORMCHECKBOX] NaI (Micro R)	All			[FORMCHECKBOX]		
[FORMCHECKBOX] ZnS (Alpha Scintillator)				[FORMCHECKBOX]		
[FORMCHECKBOX] Other [FORMTEXT]				[FORMCHECKBOX]		
[FORMCHECKBOX] **PID**						
[FORMCHECKBOX] MiniRAE				[FORMCHECKBOX]		
[FORMCHECKBOX] MultiRAE (LEL/O_2/H_2S/CO/PID)	All			[FORMCHECKBOX]		
[FORMCHECKBOX] TVA 1000 (PID/FID)				[FORMCHECKBOX]		
[FORMCHECKBOX] Other UltraRAE 3000	All			[FORMCHECKBOX]	w/ Benzene tubes	
[FORMCHECKBOX] **FID**						
[FORMCHECKBOX] TVA 1000 (FID/PID)				[FORMCHECKBOX]		
[FORMCHECKBOX] Other [FORMTEXT]				[FORMCHECKBOX]		

[FORMCHECKBOX] **Datram DR4000**				[FORMCHECKBOX]		
[FORMCHECKBOX] **EPAM 5000**				[FORMCHECKBOX]		
[FORMCHECKBOX] **TSI Dustrack**				[FORMCHECKBOX]		
[FORMCHECKBOX] **Single Gas Meter (SGM)**				[FORMCHECKBOX]		
Specify Chemical: [FORMTEXT]						
[FORMCHECKBOX] **Personal Sampling Pump**				[FORMCHECKBOX]		
Specify Media: [FORMTEXT]						
[FORMCHECKBOX] Bio-Aerosol Monitor				[FORMCHECKBOX]		
[FORMCHECKBOX] Drager Tubes/Chips (benzene)	All			[FORMCHECKBOX]	Tube type:	Benzene
[FORMCHECKBOX] Drager Tubes/Chips				[FORMCHECKBOX]	Tube type:	
[FORMCHECKBOX] Drager Tubes/Chips				[FORMCHECKBOX]	Tube type:	
[FORMCHECKBOX] Other Monit Equip: [FORMTEXT]				[FORMCHECKBOX]		
[FORMCHECKBOX] Other Monit Equip: [FORMTEXT]				[FORMCHECKBOX]		
[FORMCHECKBOX] Other Monit Equip: [FORMTEXT]				[FORMCHECKBOX]		
[FORMCHECKBOX] Other Monit Equip: [FORMTEXT]				[FORMCHECKBOX]		

4.2 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.2.1 Air Monitoring Instruments Calibration Record

Instrument (Mfg.,Model, Equip. ID No.)	Date	Time	Calib. Material	Calib. Method Mfg.'s	Other	Initial Setting and Reading	Final Setting and Reading	Calibrator's Initials

4.3 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
[FORMCHECKBOX] Explosive or Flammable Atmosphere	All	***Ambient Air Concentration***	***Confined Space Concentration***	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
[FORMCHECKBOX] Oxygen	All	***Ambient Air Concentration***	***Confined Space Concentration***	
		<19.5% O_2	<19.5% O_2	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 23.5% O_2	19.5% to 23.5% O_2	Work may continue. Investigate changes from 21%.
		>23.5% O_2	>23.5% O_2	Work must stop. Ventilate area before returning.
[FORMCHECKBOX] Radiation	All	< 3 times background		Continue work.
		3 times background to < 1 mR/hour		Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
[FORMCHECKBOX] Organic Gases and Vapors		**VOCs by MultiRAE:**		
		0-10 ppm by PID, benzene ≤ 0.5 ppm		Level D PPE with continuous air monitoring
		10 – 150 ppm by PID, benzene ≤ 25 ppm		Level C PPE with FFAPR / OV or Combo cartridges
		≥ 150 ppm by PID or whenever benzene >25 ppm		Level B PPE with SCBA or Airline
[FORMCHECKBOX] Inorganic Gases, Vapors, and Particulates		**H_2S:**		
		≤ 1 ppm		Level D
		≥ 1 ppm		Level C w/FFAPR+Scott SD1 or SC1
		≥ 50 ppm		Leave area and plan for Level B activities
		Carbon Monoxide:		
		≤ 25 ppm sustained in breathing zone		Level D
		> 25 ppm sustained in breathing zone		Leave area and plan for Level B activities.

4.4 ACTION LEVELS

For calculation of action levels for volatile and soil-borne contaminants, contact an SO if you need assistance.

Total VOCs and Benzene:

Action level for benzene under all circumstances is ½ of the current OSHA PEL or 0.5 ppm.
A full-facepiece APR with Organic Vapor or Combination cartridges (Scott SC1 or SD1) provides an Assigned Protection Factor of 50. The Maximum Use Concentration for benzene is (50)*(0.5) = 25 ppm.
Any benzene concentrations >25 ppm: Leave area and plan for Level B respiratory protection.

When other BTEX or fuel components are present, follow guidance in Weston FLD-61. PID measurements of total VOC, in the absence of benzene >0.5 ppm are:

0-10 ppm by PID: Level D;
10-150 ppm by PID: monitor for benzene. Follow guidance above if any benzene concentrations >0.5 ppm are encountered
>150 ppm with benzene <0.5 ppm, Level C with FFAPR + OV or combination cartridges (Scott SC1 or SD1)

5. HOSPITAL INFORMATION

5.1 CONTINGENCIES

5.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
Mishap Reporting	**First - Call Emergency Services if needed – CALL "911".** When safe, call PM and the MISHSAPS Hotline	**1-855-MISHAPS (1-855-647-4277)** and leave a brief message and contact information. You will receive a call back.
WorkCare WESTON Medical Director	Dr. Peter Greaney	**800-455-6155, ext. 114**
WorkCare Delta Team	Eoin Greaney Paula Sandrock You will be able to reach a WorkCare employee during weekdays between the hours of 7:30 a.m. and 7:30 p.m. Eastern Time Zone	**800-455-6155 ext. 2219** (Team Delta). **800-455-6155 ext. 403** (Eoin Greaney) **If** a member of Team Delta cannot be reached dial ext. 2110 (Paula Sandrock).
WorkCare Incident Intervention Program	Occupational medical assistance with employee injuries and medical evaluation, 24 hours a day 7 days a week. An intake coordinator will take your information and direct you to the appropriate medical professional to evaluate the case.	**888-449-7787**
Liberty-Mutual	Contact as soon as possible following an incident and an operator will begin the claims process.	**800-362-0000**
WESTON Corporate EHS Manager	Herold Hannah	610-701-3024 (office), 412-303-1199 (mobile)
WESTON Medical Programs Manager	Herold Hannah	610-701-3024 (office), 412-303-1199 (mobile)
WESTON Regional Safety Manager	David Robinson	303-729-6181 (office), 937-572-3630 (mobile)
WESTON Local Safety Officer	Derrick Cobb	832-347-4180
Fire Department		911 or
Police Department		911 or
WESTON FSO Cell Phone	Derrick Cobb	832-347-4180
Weston Site Lead	Daniel Tighe	713-397-1550
Weston Ops Lead – PM Team	Neil Daniel	404-509-7666
Weston Ops Lead-Surface Water Team	Derrick Cobb	832-347-4180
WESTON PM Cell Phone	Daniel Tighe	713-397-1550
Client Contact Cell Phone	EPA OSC	214-202-6952
Poison Control	Operator	(800) 222-1222
USCG – Atlantic Area/Ship Channel	Command Center Incident Management	504-589-6225 504-671-2231

Local Medical Emergency Facility(s) – LMF		
Name of Hospital: HCA Houston Southeast		
Address: 4000 Spencer Hwy, Pasadena, TX		Phone No.: 713-359-2000
Name of Contact: EMERGENCY ROOM		Phone No.:
Type of Service: [FORMCHECKBOX] Physical trauma only [FORMCHECKBOX] Chemical exposure only [FORMCHECKBOX] Physical trauma and chemical exposure [FORMCHECKBOX] Available 24 hours	**Route to Hospital:** **Google Maps:** [HYPERLINK "https://www.google.com/maps"]	**Travel time from site:** _21__ minutes **Distance to hospital:** _12.2__ miles **Name/no. of 24-hr ambulance service:** 911

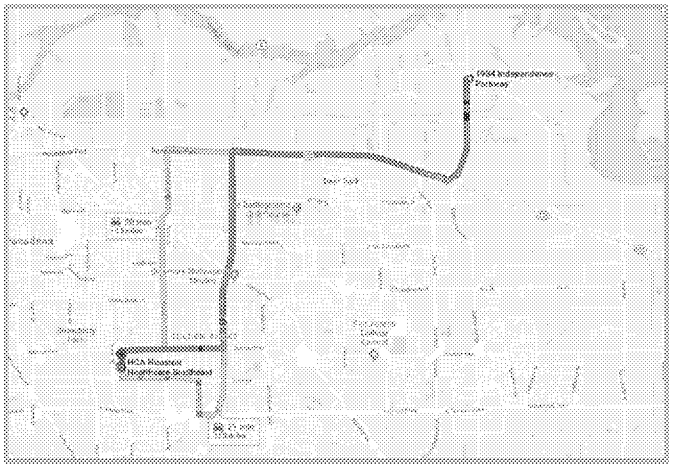
Secondary or Specialty Service Provider		
Name of Hospital:		
Address:		**Phone:**
Name of Contact: Emergency Room		**Phone:**
Type of Service: [FORMCHECKBOX] Physical trauma only [FORMCHECKBOX] Chemical exposure only [FORMCHECKBOX] Physical trauma and chemical exposure [FORMCHECKBOX] Available 24 hours	**Route to Hospital:** **Link to Google Maps":** [HYPERLINK "https://www.google.com/maps"]	**Travel time from site:** ____ minutes **Distance to hospital:** ____ miles **Name/no. of 24-hr ambulance service:** 911

See: Reporting an incident (Attachment G).

5.1.2 Hospital Map

This map is subject to Google's Terms of Service, and Google is the owner of rights therein. Portions of this image may have been removed for clarity.

Confidential



1934 Independence Pkwy

Get on Hwy 225 W in Deer Park from Independence Pkwy

1. Head south on Independence Pkwy toward Miller Cut Off Rd
2. Turn right
3. Use any lane to turn slightly right onto Pasadena Freeway Frontage Rd
4. Use the left lane to take the State Route 225 W ramp

Follow Hwy 225 W to Pasadena Freeway Frontage Rd in Pasadena. Take the exit toward Sam Houston Tollway/Texas 8 Beltway/Sam Houston Tollway from Hwy 225 W

5. Merge onto Hwy 225 W
6. Take the exit toward Sam Houston Tollway/Texas 8 Beltway/Sam Houston Tollway
7. Merge onto Pasadena Freeway Frontage Rd

Follow East Sam Houston Pkwy S to Spencer Hwy

8. Use the left 2 lanes to turn left onto East Sam Houston Pkwy S
9. Continue straight to stay on East Sam Houston Pkwy S

Continue on Bayshore Ave. Drive to Medical Cir

10. Turn left onto Bayshore Ave
11. Turn left onto Medical Cir

HCA Houston Southeast Emergency Department

5.2 CONTINGENCIES

5.2.1 Response Plans

Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination. LMF = Local Medical Facility	First Aid Kit: [FORMCHECKBOX] Yes [FORMCHECKBOX] No Blood Borne Pathogens Kit: [FORMCHECKBOX] Yes [FORMCHECKBOX] No	**Type** Appropriate sized ANSI-approved Type III Kit, plus BBP	**Location** In Vehicle	Special First-Aid Procedures: Cyanides on-site [FORMCHECKBOX] Yes [FORMCHECKBOX] No If yes, contact LMF. Do they have antidote kit? [FORMCHECKBOX] Yes [FORMCHECKBOX] No
	Eyewash required [FORMCHECKBOX] Yes [FORMCHECKBOX] No	**Type** 16 oz or 15 minutes worth of rinse agent	**Location** In Vehicle	**HF** on-site [FORMCHECKBOX] Yes [FORMCHECKBOX] No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
	Shower required [FORMCHECKBOX] Yes [FORMCHECKBOX] No	**Type**	**Location**	
Plan for Response to Spill/Release	**Plan for Response to Fire/Explosion**			**Fire Extinguishers**

In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per SDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher only if safe and trained in its use e. Stand by to inform emergency responders of materials and conditions	Type/Location ABC/Vehicle [FORMDROPDOWN]/[FORMTEXT] [FORMDROPDOWN]/[FORMTEXT] [FORMDROPDOWN]/[FORMTEXT] [FORMDROPDOWN]/[FORMTEXT] [FORMDROPDOWN]/[FORMTEXT] [FORMDROPDOWN]/[FORMTEXT]
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)		Location
[FORMTEXT] [FORMTEXT] [FORMTEXT]	[FORMTEXT] [FORMTEXT] [FORMTEXT]	[FORMTEXT] [FORMTEXT] [FORMTEXT]		[FORMTEXT] [FORMTEXT] [FORMTEXT]
Plan to Respond to Security Problems [FORMTEXT]				
Avoid confrontation				
Call 911				
Update WESTON PM, SO and Client, as applicable; Prepare / save NOI on NOITrack within 24hr				
[FORMTEXT]				

6. DECONTAMINATION PLAN

6.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

Level B Level C Level D

Modifications include:

[FORMTEXT]
[FORMTEXT]

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

6.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
[FORMCHECKBOX] Segregated equipment drop	
[FORMCHECKBOX] Boot cover and glove wash	
[FORMCHECKBOX] Boot cover and glove rinse	
[FORMCHECKBOX] Tape removal - outer glove and boot	
[FORMCHECKBOX] Boot cover removal	
[FORMCHECKBOX] Outer glove removal	Place in trash bag; disposal as solid waste
HOTLINE	
[FORMCHECKBOX] Suit/safety boot wash	
[FORMCHECKBOX] Suit/boot/glove rinse	
[FORMCHECKBOX] Safety boot removal	
[FORMCHECKBOX] Suit removal	
[FORMCHECKBOX] Inner glove wash	
[FORMCHECKBOX] Inner glove rinse	
[FORMCHECKBOX] Inner glove removal	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
[FORMCHECKBOX] Field wash	Hand and face wash prior to any hand-to-mouth contact
[FORMCHECKBOX] Redress	[FORMTEXT]

Disposal Plan, End of Day:

Disposal Plan, End of Week:

6.2 LEVEL D DECONTAMINATION PLAN

Disposal Plan, End of Project:

6.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary: N/A

Function	Description of Process, Solution, and Container
[FORMCHECKBOX] Segregated equipment drop	[FORMTEXT]
[FORMCHECKBOX] Boot cover and glove wash	[FORMTEXT]
[FORMCHECKBOX] Boot cover and glove rinse	[FORMTEXT]
[FORMCHECKBOX] Tape removal - outer glove and boot	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Boot cover removal	
[FORMCHECKBOX] Outer glove removal	Place in trash bag; disposal as solid waste
HOTLINE	
[FORMCHECKBOX] Suit/safety boot wash	[FORMTEXT]
[FORMCHECKBOX] Suit/boot/glove rinse	[FORMTEXT]
[FORMCHECKBOX] Safety boot removal	[FORMTEXT]
[FORMCHECKBOX] Suit removal	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Inner glove wash	
[FORMCHECKBOX] Inner glove rinse	
[FORMCHECKBOX] Facepiece removal	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Inner glove removal	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Inner clothing removal	[FORMTEXT]
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
[FORMCHECKBOX] Field wash	[FORMTEXT]
[FORMCHECKBOX] Redress	[FORMTEXT]

Disposal Plan, End of Day:
Discard trash bag as solid waste.

Disposal Plan, End of Week:
Discard trash bag as solid waste.

6.3 LEVEL C DECONTAMINATION PLAN

Disposal Plan, End of Project:
Discard trash bag as solid waste.

6.4 LEVEL B DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
[FORMCHECKBOX] Segregated equipment drop	
[FORMCHECKBOX] Boot cover and glove wash	
[FORMCHECKBOX] Boot cover and glove rinse	
[FORMCHECKBOX] Tape removal - outer glove and boot	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Boot cover removal	
[FORMCHECKBOX] Outer glove removal	Place in trash bag; disposal as solid waste
HOTLINE	
[FORMCHECKBOX] Suit/safety boot wash	[FORMTEXT]
[FORMCHECKBOX] Suit/SCBA/boot/glove rinse	[FORMTEXT]
[FORMCHECKBOX] Safety boot removal	[FORMTEXT]
[FORMCHECKBOX] Remove SCBA backpack (w/o disconnecting)	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Suit removal	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Inner glove wash	
[FORMCHECKBOX] Inner glove rinse	
[FORMCHECKBOX] SCBA disconnect/facepiece removal	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Inner glove removal	Place in trash bag; disposal as solid waste
[FORMCHECKBOX] Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
[FORMCHECKBOX] Field wash	[FORMTEXT]
[FORMCHECKBOX] Redress	[FORMTEXT]

6.4 LEVEL B DECONTAMINATION PLAN
Disposal Plan, End of Day: Discard trash bag as solid waste.
Disposal Plan, End of Week: Discard trash bag as solid waste.
Disposal Plan, End of Project: Discard trash bag as solid waste.

7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

[FORMCHECKBOX] Site characterization and analysis, 29CFR1910.120(l)	Level A
Physical hazards	Level B
Chemical hazards	Level C
Animal bites, stings, and poisonous plants	Level D
Etiologic (infectious) agents	Monitoring, 29 CFR 1910.120 (h)
Site control, 29 CFR 1910.120 d	Decontamination, 29 CFR 1910.120 (k)
Engineering controls and work practices, 29CFR1910.120(g)	Emergency response, 29 CFR 1910.120 (l)
Heavy machinery	Elements of an emergency response, 29CFR1910.120 (l)
Forklift	Procedures for site emergencies, 29 CFR 1910.120 (l)
Backhoe	Off-site emergency response, 29 CFR 1910.120 (l)
Equipment	Handling drums and containers, 29 CFR 1910.120 (j)
Tools	Opening drums and containers
Ladder, 29 CFR 1910.25, 26, 29CFR1926.1053	Electrical material handling equipment
Overhead and underground utilities	Radioactive waste
Scaffolds	Shock-sensitive waste
Structural integrity	Laboratory waste packs
Unguarded openings - wall, floor, ceilings	Sampling drums and containers
[FORMCHECKBOX] Pressurized air cylinders	Shipping and transport, 49 CFR 172.101, IATA

7.1 TRAINING AND BRIEFING TOPICS	
[FORMCHECKBOX] PPE, 29CFR1910.120(g); 29CFR1910.134	Tank and vault procedures
[FORMCHECKBOX] Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	Illumination, 29 CFR 1926.26 (night ops)
[FORMCHECKBOX] Working over water FLD-19 ☐	Sanitation, 29 CFR 1926.27
[FORMCHECKBOX] Boating safety FLD-18	Proper lifting techniques
[FORMCHECKBOX] Heat Stress / Cold Stress	Benzene hazards

7.2 ACKNOWLEDGEMENT OF PLAN REVIEW

Client Name:	USEPA Region 6	Project Manager:	Daniel Tighe (Project Manager, Site Lead)
Project Name:	ITC Fire Response	Field Safety Lead:	Derrick Cobb
Site Location:	Deer Park, TX	Weston WO#:	20600.012.001.1233.01
Initial Briefing by:		Date/Time:	3/23/19, 2200 (original respone, 3/18 0100)
Client Name:		Client PM:	

By signing below I understand, agree to, and will conform to the site rules set forth in this plan, my respective company's EHS Planning Documents (including amendments and attachments), and those controls agreed upon during any site-specific health and safety briefing(s).

Name	Signature	Date

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

Partial Library of NIOSH Pocket Guide Sheets:

[HYPERLINK "file:///\\\\fsden03\\data\\Project%20Files\\20408%20EPA%20Region%208%20START%20IV\\Laptop%20Resources\\Resources%20-%20Templates\\NIOSH-Pocket_Guide_Sheets"]

The entire NIOSH Pocket Guide list of chemicals is available online at:

[HYPERLINK "http://www.cdc.gov/niosh/npg/npgsyn-a.html" \l "a"]

NIOSH Pocket Guide to Chemical Hazards

Benzene	**CAS** 71-43-2
C_6H_6	**RTECS** [HYPERLINK "file:///D:\\nioshdbs\\rtecs\\cy155cc0.htm"]
Synonyms & Trade Names Benzol, Phenyl hydride	**DOT ID & Guide** 1114 [HYPERLINK "file:///D:\\nioshdbs\\erg\\erg2004\\g130.pdf"]

Exposure Limits	NIOSH REL: Ca TWA 0.1 ppm ST 1 ppm [HYPERLINK "file:///D:\\nioshdbs\\npg\\nengapdx.htm" \l "a"]
	OSHA PEL: [1910.1028] TWA 1 ppm ST 5 ppm [HYPERLINK "file:///D:\\nioshdbs\\npg\\nengapdx.htm" \l "f"]

IDLH Ca [500 ppm] See: [HYPERLINK "file:///D:\\nioshdbs\\idlh\\71432.htm"]	**Conversion** 1 ppm = 3.19 mg/m^3

Physical Description
Colorless to light-yellow liquid with an aromatic odor. [Note: A solid below 42°F.]

MW: 78.1	BP: 176°F	FRZ: 42°F	Sol: 0.07%
VP: 75 mmHg	IP: 9.24 eV		Sp.Gr: 0.88
Fl.P: 12°F	UEL: 7.8%	LEL: 1.2%	

Class IB Flammable Liquid: Fl.P. below 73°F and BP at or above 100°F.

Incompatibilities & Reactivities
Strong oxidizers, many fluorides & perchlorates, nitric acid

Measurement Methods
NIOSH [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\1500.pdf"], [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\1501.pdf"], [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\3700.pdf"], [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\3800.pdf"]; OSHA [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\org012\\org012.html"], [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\1005\\1005.html"]
See: [HYPERLINK "file:///D:\\nioshdbs\\nmam\\nmampub.htm"] or [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\oshameth.htm"]

Personal Protection & Sanitation ([HYPERLINK "file:///D:\\nioshdbs\\npg\\protect.htm"]) Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: No recommendation Provide: Eyewash, Quick drench	**First Aid** ([HYPERLINK "file:///D:\\nioshdbs\\npg\\firstaid.htm"]) Eye: Irrigate immediately Skin: Soap wash immediately Breathing: Respiratory support Swallow: Medical attention immediately

[HYPERLINK "file:///D:\\nioshdbs\\npg\\pgintrod.htm" \l "mustread"]
Respirator Recommendations [HYPERLINK "file:///D:\\nioshdbs\\npg\\nengapdx.htm" \l "e"]NIOSH
At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:
(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode
(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus
Escape:
(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus

Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact

Symptoms Irritation eyes, skin, nose, respiratory system; dizziness; headache, nausea, staggered gait; anorexia, lassitude (weakness, exhaustion); dermatitis; bone marrow depression; [potential occupational carcinogen]
Target Organs Eyes, skin, respiratory system, blood, central nervous system, bone marrow **Cancer Site** [leukemia]

NIOSH Pocket Guide to Chemical Hazards

Ethyl benzene	**CAS** 100-41-4
$CH_3CH_2C_6H_5$	**RTECS** [HYPERLINK "file:///D:\\nioshdbs\\rtecs\\daaae60.htm"]
Synonyms & Trade Names Ethylbenzol, Phenylethane	**DOT ID & Guide** 1175 [HYPERLINK "file:///D:\\nioshdbs\\erg\\erg2004\\g130.pdf"]

Exposure Limits	NIOSH REL: TWA 100 ppm (435 mg/m^3) ST 125 ppm (545 mg/m^3)
	OSHA PEL†: TWA 100 ppm (435 mg/m^3)
IDLH 800 ppm [10%LEL] See: [HYPERLINK "file:///D:\\nioshdbs\\idlh\\100414.htm"]	**Conversion** 1 ppm = 4.34 mg/m^3

Physical Description
Colorless liquid with an aromatic odor.

MW: 106.2	BP: 277°F	FRZ: -139°F	Sol: 0.01%
VP: 7 mmHg	IP: 8.76 eV		Sp.Gr: 0.87
Fl.P: 55°F	UEL: 6.7%	LEL: 0.8%	

Class IB Flammable Liquid: Fl.P. below 73°F and BP at or above 100°F.

Incompatibilities & Reactivities
Strong oxidizers

Measurement Methods
NIOSH [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\1501.pdf"]; OSHA [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\org007\\org007.html"], [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\1002\\1002.html"]
See: [HYPERLINK "file:///D:\\nioshdbs\\nmam\\nmampub.htm"] or [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\oshameth.htm"]

Personal Protection & Sanitation ([HYPERLINK "file:///D:\\nioshdbs\\npg\\protect.htm"]) Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: No recommendation	**First Aid** ([HYPERLINK "file:///D:\\nioshdbs\\npg\\firstaid.htm"]) Eye: Irrigate immediately Skin: Water flush promptly Breathing: Respiratory support Swallow: Medical attention immediately

[HYPERLINK "file:///D:\\nioshdbs\\npg\\pgintrod.htm" \l "mustread"]
Respirator Recommendations NIOSH/OSHA
Up to 800 ppm:
(APF = 10) Any chemical cartridge respirator with organic vapor cartridge(s)*
(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister
(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s)*
(APF = 10) Any supplied-air respirator*
(APF = 50) Any self-contained breathing apparatus with a full facepiece
Emergency or planned entry into unknown concentrations or IDLH conditions:
(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode
(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus
Escape:

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus
Exposure Routes inhalation, ingestion, skin and/or eye contact
Symptoms Irritation eyes, skin, mucous membrane; headache; dermatitis; narcosis, coma
Target Organs Eyes, skin, respiratory system, central nervous system

NIOSH Pocket Guide to Chemical Hazards

Toluene	**CAS** 108-88-3
$C_6H_5CH_3$	**RTECS** [HYPERLINK "file:///D:\\nioshdbs\\rtecs\\xs501bd0.htm"]
Synonyms & Trade Names Methyl benzene, Methyl benzol, Phenyl methane, Toluol	**DOT ID & Guide** 1294 [HYPERLINK "file:///D:\\nioshdbs\\erg\\erg2004\\g130.pdf"]

Exposure Limits	NIOSH REL: TWA 100 ppm (375 mg/m^3) ST 150 ppm (560 mg/m^3)
	OSHA PEL†: TWA 200 ppm C 300 ppm 500 ppm (10-minute maximum peak)
IDLH 500 ppm See: [HYPERLINK "file:///D:\\nioshdbs\\idlh\\108883.htm"]	**Conversion** 1 ppm = 3.77 mg/m^3

Physical Description
Colorless liquid with a sweet, pungent, benzene-like odor.

MW: 92.1	BP: 232°F	FRZ: -139°F	Sol(74°F): 0.07%
VP: 21 mmHg	IP: 8.82 eV		Sp.Gr: 0.87
Fl.P: 40°F	UEL: 7.1%	LEL: 1.1%	

Class IB Flammable Liquid: Fl.P. below 73°F and BP at or above 100°F.

Incompatibilities & Reactivities
Strong oxidizers

Measurement Methods
NIOSH [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\1500.pdf"], [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\1501.pdf"], [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\3800.pdf"], [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\4000.pdf"]; OSHA [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\org111\\org111.html"]
See: [HYPERLINK "file:///D:\\nioshdbs\\nmam\\nmampub.htm"] or [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\oshameth.htm"]

Personal Protection & Sanitation ([HYPERLINK "file:///D:\\nioshdbs\\npg\\protect.htm"]) Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: No recommendation	**First Aid** ([HYPERLINK "file:///D:\\nioshdbs\\npg\\firstaid.htm"]) Eye: Irrigate immediately Skin: Soap wash promptly Breathing: Respiratory support Swallow: Medical attention immediately

[HYPERLINK "file:///D:\\nioshdbs\\npg\\pgintrod.htm" \l "mustread"]
Respirator Recommendations NIOSH
Up to 500 ppm:
(APF = 10) Any chemical cartridge respirator with organic vapor cartridge(s)*
(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s)*
(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister
(APF = 10) Any supplied-air respirator*
(APF = 50) Any self-contained breathing apparatus with a full facepiece
Emergency or planned entry into unknown concentrations or IDLH conditions:
(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode
(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact
Symptoms Irritation eyes, nose; lassitude (weakness, exhaustion), confusion, euphoria, dizziness, headache; dilated pupils, lacrimation (discharge of tears); anxiety, muscle fatigue, insomnia; paresthesia; dermatitis; liver, kidney damage
Target Organs Eyes, skin, respiratory system, central nervous system, liver, kidneys

NIOSH Pocket Guide to Chemical Hazards

o-Xylene	**CAS** 95-47-6
$C_6H_4(CH_3)_2$	**RTECS** [HYPERLINK "file:///D:\\nioshdbs\\rtecs\\ze256250.htm"]
Synonyms & Trade Names 1,2-Dimethylbenzene; ortho-Xylene; o-Xylol	**DOT ID & Guide** 1307 [HYPERLINK "file:///D:\\nioshdbs\\erg\\erg2004\\g130.pdf"]

Exposure Limits	NIOSH REL: TWA 100 ppm (435 mg/m^3) ST 150 ppm (655 mg/m^3)	
	OSHA PEL†: TWA 100 ppm (435 mg/m^3)	
IDLH 900 ppm See: [HYPERLINK "file:///D:\\nioshdbs\\idlh\\95476.htm"]	**Conversion** 1 ppm = 4.34 mg/m^3	

Physical Description Colorless liquid with an aromatic odor.			
MW: 106.2	BP: 292°F	FRZ: -13°F	Sol: 0.02%
VP: 7 mmHg	IP: 8.56 eV		Sp.Gr: 0.88
Fl.P: 90°F	UEL: 6.7%	LEL: 0.9%	
Class IC Flammable Liquid: Fl.P. at or above 73°F and below 100°F.			
Incompatibilities & Reactivities Strong oxidizers, strong acids			

Measurement Methods NIOSH [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\1501.pdf"], [HYPERLINK "file:///D:\\nioshdbs\\nmam\\pdfs\\3800.pdf"]; OSHA [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\1002\\1002.html"] See: [HYPERLINK "file:///D:\\nioshdbs\\nmam\\nmampub.htm"] or [HYPERLINK "file:///D:\\nioshdbs\\oshameth\\oshameth.htm"]

Personal Protection & Sanitation ([HYPERLINK "file:///D:\\nioshdbs\\npg\\protect.htm"]) Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: No recommendation	**First Aid** ([HYPERLINK "file:///D:\\nioshdbs\\npg\\firstaid.htm"]) Eye: Irrigate immediately Skin: Soap wash promptly Breathing: Respiratory support Swallow: Medical attention immediately
[HYPERLINK "file:///D:\\nioshdbs\\npg\\pgintrod.htm" \l "mustread"] **Respirator Recommendations** NIOSH/OSHA **Up to 900 ppm**: (APF = 10) Any chemical cartridge respirator with organic vapor cartridge(s)*	

(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s)* (APF = 10) Any supplied-air respirator* (APF = 50) Any self-contained breathing apparatus with a full facepiece **Emergency or planned entry into unknown concentrations or IDLH conditions**: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode (APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus **Escape**: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact
Symptoms Irritation eyes, skin, nose, throat; dizziness, excitement, drowsiness, incoordination, staggering gait; corneal vacuolization; anorexia, nausea, vomiting, abdominal pain; dermatitis
Target Organs Eyes, skin, respiratory system, central nervous system, gastrointestinal tract, blood, liver, kidneys

ATTACHMENT B
SAFETY DATA SHEETS

(ATTACH SDS)

Attach all appropriate SDS's following this page or maintain site folder with all appropriate SDS.

A library of common SDSs for chemicals taken to the field is available on the Denver Server (\\feden03\data\EHS\GHS-SDSs)

ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)

Insert documents on following page.

In lieu of attaching individual copies of FLDs, the site safety officer or his designee may elect to maintain an electronic copy of the WESTON Corporate Environmental Compliance, Health, and Safety Program Manual (including all FLDs) on site in an electronic format. The most recent version of the CEHS Program Manual and supporting documents are located on the Weston Portal on the CEHS portal page

ATTACHMENT D
HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to ensure compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON is known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

Site or other location name/address:	ITC Corp., 1934 Independence Parkway, Deer Park, TX	
Site/Project/Location Manager:	Daniel Tighe	
Site/Location Safety Officer:	Derrick Cobb	
List of chemicals compiled, format:	[FORMCHECKBOX] HASP [FORMCHECKBOX] Other:	
Location of SDS files:	HASP	
Site Briefing conducted by:		Date:
Indicate format of training documentation:	[FORMCHECKBOX] Field Log: [FORMCHECKBOX] Other	
Client briefing conducted regarding hazcom:		
Other employers working at site: (Client, Subs, Agencies, etc.)	Weston sub(s), PRP consultants, EPA, Facility, Other govt personnel	
Other employer(s) notified of SDS information:		
Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary?	[FORMCHECKBOX] Yes [FORMCHECKBOX] No	

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the SDSs. Further information on each chemical may be obtained by reviewing the appropriate SDS. The list will be arranged to enable cross-reference with the SDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing SDSs and other information with label information to ensure correctness.

Safety Data Sheets (SDSs)

The PTL/PM/FSO is responsible for establishing and monitoring WESTON's SDS program for the location. The FSO will ensure that procedures are developed to obtain the necessary SDSs and will review incoming SDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an SDS is not received at the time of initial shipment, the FSO will call the manufacturer and have an SDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, SDSs for all hazardous chemicals in use will be kept in the SDS folder at a location known to all site workers. SDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised SDS is received, the FSO will immediately replace the old SDS.

Employee Training and Information

The FSO is responsible for the WESTON site-specific personnel training program. The FSO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the SDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review SDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, non-routine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Non-routine Tasks

When employees are required to perform hazardous non-routine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the FSO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the FSO and the PTL to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. SDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing SDS information must be relayed to affected employees.

ATTACHMENT E
SUBCONTRACTOR EHS PLANNING DOCUMENTS

Include procurement waivers here if subcontractor EHS planning documents are not available.

ATTACHMENT F
AIR SAMPLING DATA SHEETS

SITE AIR MONITORING PROGRAM

Field Data Sheets

Location:

% LEL	% O_2	PID (units)	FID (units)	Aerosol Monitor (mg/m^3)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					uR/hr	cpm		

Monitox (ppm)				Detector Tube(s)				

Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Location:

% LEL	% O_2	PID (units)	FID (units)	Aerosol Monitor (mg/m^3)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					uR/hr	cpm		

Monitox (ppm)				Detector Tube(s)				

Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

AIR MONITORING/SAMPLING DATA LOG

Client: [FORMTEXT]	**W.O. No.:** [FORMTEXT] **Sample No.:** [FORMTEXT]
Address: [FORMTEXT] [FORMTEXT] [FORMTEXT] [FORMTEXT]	**Sampled By:** [FORMTEXT] **Date:** [FORMTEXT]

Employee and Location Information

Employee Name: [FORMTEXT]	**Employee No.:** [FORMTEXT]	**Job Title**: [FORMTEXT]

Respirator [FORMCHECKBOX] APR [FORMCHECKBOX] ½ Mask [FORMCHECKBOX] Full Face [FORMCHECKBOX] PAPR [FORMCHECKBOX] ½ Mask [FORMCHECKBOX] Full Face [FORMCHECKBOX] Hood [FORMCHECKBOX] SAR [FORMCHECKBOX] ½ Mask [FORMCHECKBOX] Full Face [FORMCHECKBOX] Hood [FORMCHECKBOX] SCBA	**Manufacturer:** [FORMTEXT]	**Cartridge Type:** [FORMTEXT]
PPE: [FORMCHECKBOX] Hard Hat [FORMCHECKBOX] HPD [FORMCHECKBOX] Gloves [FORMCHECKBOX] Safety Shoes [FORMCHECKBOX] Coveralls [FORMCHECKBOX] Other: [FORMTEXT]		

Sampling Data

Sampling Type: [FORMCHECKBOX] Personal [FORMCHECKBOX] TWA [FORMCHECKBOX] STEL [FORMCHECKBOX] Area [FORMCHECKBOX] Source [FORMCHECKBOX] Full Shift [FORMCHECKBOX] Partial Shift [FORMCHECKBOX] Grab	**Media:** [FORMTEXT]	**Pump Type/Serial No.:** [FORMTEXT] / [FORMTEXT]
Calibrator/Serial No.: [FORMTEXT] / [FORMTEXT]	**Pre-Calibration:** 1. [FORMTEXT] 2. [FORMTEXT] 3. [FORMTEXT] **avg-pre:** [FORMTEXT]	**Post-Calibration:** 1. [FORMTEXT] 2. [FORMTEXT] 3. [FORMTEXT] **avg-post**: [FORMTEXT]

Start Time: [FORMTEXT]	**Restart Time:** [FORMTEXT]	**Restart Time:** [FORMTEXT]	**Avg. Flow rate:** [FORMTEXT]	**% Change:** [FORMTEXT]
1st Stop Time: [FORMTEXT]	**2nd Stop Time:** [FORMTEXT]	**3rd Stop Time:** [FORMTEXT]	**Total Time:** [FORMTEXT]	**Volume:** [FORMTEXT]

Multiple Samples for this TWA: [FORMCHECKBOX] Yes [FORMCHECKBOX] No	**Multiple Chemical Exposures:** [FORMCHECKBOX] Yes [FORMCHECKBOX] No	**Exposure Time:** [FORMCHECKBOX] Normal [FORMCHECKBOX] Worst Case

Sampling Conditions

Weather Conditions:
Temp: [FORMTEXT] R.H: [FORMTEXT] B.P.: [FORMTEXT] Other: [FORMTEXT]

Engineering Controls:
[FORMTEXT]

Substances Evaluated

Substance	Result	Substance	Result	Substance	Result
[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]
[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]
[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]	[FORMTEXT]

[FILENAME * MERGEFORMAT]

Observations and Comments
[FORMTEXT]
[FORMTEXT]
[FORMTEXT]
[FORMTEXT]
[FORMTEXT]
[FORMTEXT]
[FORMTEXT]

QA by: [FORMTEXT] FORMTEXT] **Date:** [

ATTACHMENT G
INCIDENT REPORTING

Mishap Reporting

1-855-MISHAPS (1-855-647-4277) is a direct reporting line to an EHS Regional Safety Lead for incidents. The objective is to start processes at the scene and assemble resources to achieve the best possible safety outcome.

- ASSESS
  - Call for Emergency Response Services (911) if required
  - Provide assistance including First Aid/CPR support personnel without putting yourself in danger
  - Secure the area and keep others out of harm's way
  - Do not re-start work until hazards/risks have been addressed/eliminated
- NOTIFY
  - Verbally inform your supervisor or manager directing the work
  - Call the MISHAPS Hotline (1-855-MISHAPS) and leave a brief message and contact information – calls will be returned as soon as possible.
- FOLLOW-UP
  - Take photographs, if possible
  - Supervisor completes an NOI within 24 hours of incident. If medical treatment was required, verbal contact with EHS support is required as soon as reasonably possible

WorkCare Incident Intervention & Reporting Program

If a medical emergency occurs on your project site:

Emergency Medical Procedures:

✓ Do **not** attempt to move seriously injured personnel.

✓ **Implement WorkCare Incident Intervention Program & Reporting:**

In an Emergency: If the event is an emergency or you are not sure if it is an emergency, activate your emergency response system; the well being of the injured person takes prececence. CALL 911 or other emergency number specified in this HASP. Notify WorkCare as specified in Section 6.1.1 and notify a Weston Safety Officer or the Project Manager as soon as it is safe to do so but within one hour of the injury. If the team member has non-specific musculoskeletal complaints such as low back or wrist pain, notify the SO or PM immediately at the onset of symptoms. Contact a Weston SO to begin the process for preparation of a Notice of Incident (NOI).

Not an Emergency: Contact the **WorkCare Incident Intervention Hotline number (888) 449-7787 (24/7)** and report the injury to the clinician. The FSO or Field Team Lead should participate in the call during the initial injury description portion of the assessment. To protect the injured employee's privacy, the FSO or FTL will be asked by the nurse to drop off the call when personal medical history is discussed. Once the personal assessment is completed, the supervisor may speak with the nurse to discuss the recommendations and determine whether the employee has elected self-care or a clinic visit is being arranged.

If the injured person choses to perform **self-care** measures, the Incident Intervention Nurse will make arrangements for **follow-up** calls as needed. If at any time symptoms develop or worsen, or if the supervisor or the employee have questions about the injury and recovery process, they can call the **WorkCare Incident Intervention Hotline number (888) 449-7787** and speak with a clinician. A case can be reopened if needed.

When an employee is sent to a provider for a **clinic visit,** the FSO or Field Team Lead, if possible, should accompany the employee and provide support. This also gives the FSO or FTL an opportunity to provide information to the provider about the employee's job and return-to-work options.

Additional procedures will be followed during the recovery process.

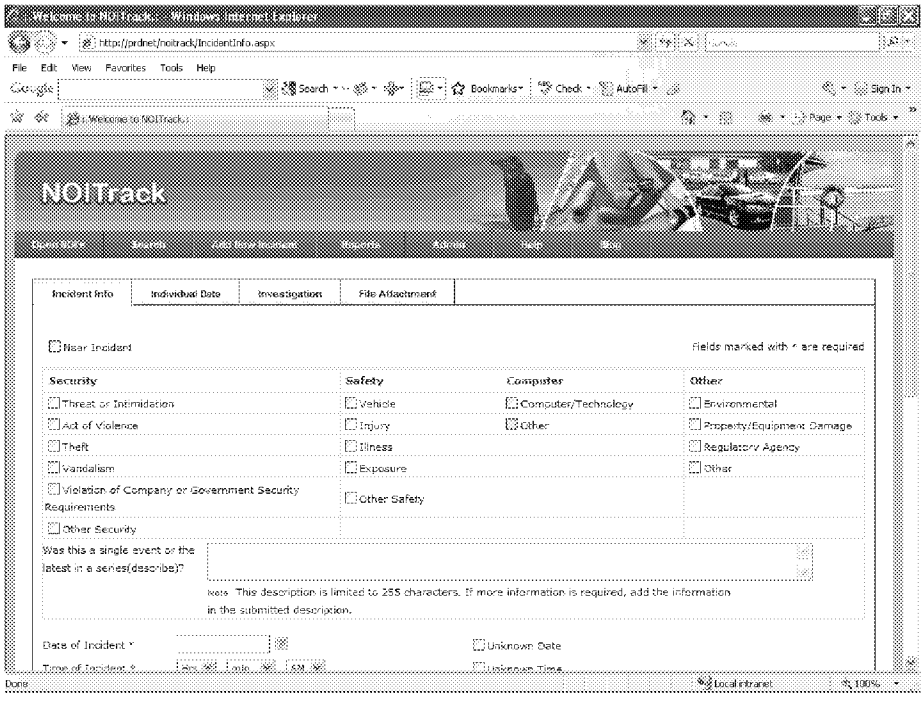
Weston NOITrack System

Within one hour of an incident, contact your Office SO or RCO Safety Officer and begin the process of preparing a Notice of Incident (NOI) within the WESTON EHS Portal NOITrack System.

Please assemble the notes, photos, and other information you have on the incident and work with the SO to prepare the basic information about the incident – within the NOI system, this means the "Incident Information", the "Individual Data", and for photos, the "File Attachment" tabs on the NOI preparation page. If you are in the field, please work with the SO to get the basic incident information into the system. If you are entering the information on these tabs of the web application, please "Save" the information on each page and DO NOT "Submit" the NOI. Notify your SO that you've entered the information and work with them to complete the NOI process. The initial record for NOI's should be completed within 24hr of the incident.

NOITrack "Incident Information" screen for data entry and Portal link:

[HYPERLINK "http://asweb/NOItrack/IncidentInfo.aspx"]



[FILENAME * MERGEFORMAT]

ATTACHMENT H
TRAFFIC CONTROL PLAN

If you will be doing work in or near the right-of-way or in any other location with traffic issues on or near the site, you may need a Traffic Control Plan. Consult with a Safety Officer to get a plan from a subcontracted Traffic Control company or prepare a plan in accordance with current Manual of Uniform Traffic Control Devices.

FIELD SITE HEATLH AND SAFETY AUDIT
For
Site and/or Project Manager

ATTACHMENT I
ENVIRONMENTAL HEALTH & SAFETY INSPECTION CHECKLIST

For projects lasting more than 7 days in the field, the PTL or FSO must complete a jobsite safety audit weekly.

FIELD SITE HEATLH AND SAFETY AUDIT
For
Site and/or Project Manager

PM Name:		Date:	
Client Name:		W.O. #:	
Site Location:		Site Phone #:	

Inspection conducted by:

[FORMCHECKBOX] PM in person

[FORMCHECKBOX] PM via phone

_____
Contact Name

[FORMCHECKBOX] PM's designee

_____
Designee's Name / Title

1. Is the HASP available at the site? [FORMCHECKBOX] Yes [FORMCHECKBOX] No Signed by all personnel? [FORMCHECKBOX] Yes [FORMCHECKBOX] No
   (Have the cover page and site worker sign-off page scanned/emailed and attached to this form.)
2. What tasks are active? _____
3. What special H&S considerations are necessary? (e.g., confined spaces, fall protection, construction safety, excavation evaluations, radiation, etc.)

   _____

4A. List the name of the FSO on Line (a) and any other employees working at the site on lines (b) through (i). Verify and check (✓) if field certifications are current:

	Name	Weston or Sub?	Training	Medical	Fit Test
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					

4B. For large projects, is documentation on-site for employee certifications? [FORMCHECKBOX] Yes [FORMCHECKBOX] No [FORMCHECKBOX] NA

5. Is emergency contact information available on-site? [FORMCHECKBOX] Yes [FORMCHECKBOX] No
   (Have a copy faxed from the site and attached to this report.)
6. Describe the ambient temperatures during recent work shifts: _____
7. Was the level of PPE used for each task today as required by the HASP? [FORMCHECKBOX] Yes [FORMCHECKBOX] No

8A. What contaminant monitoring is conducted?

8B. How are results documented? [FORMCHECKBOX] Logbook [FORMCHECKBOX] Logbook

[FORMCHECKBOX] other (describe): _____

(Have the most recent results and calibration information faxed and attached to this form.)

9. What other monitoring is done? (e.g., heat stress, cold, noise, etc.) _____

FIELD SITE HEATLH AND SAFETY AUDIT
For
Site and/or Project Manager

10. How are work zones marked and/or designated? _____

11. Are personnel and equipment decon performed as required by the HASP? [FORMCHECKBOX] Yes [FORMCHECKBOX] No

12. Are first aid and CPR services provided as required by the HASP? [FORMCHECKBOX] Yes [FORMCHECKBOX] No

13. When were first aid kits, BBP kits, and fire extinguishers last inspected? _____
(Have documentation faxed and attached to this form.)

MANAGER'S FIELD SITE HEATLH AND SAFETY AUDIT FORM

14. Was site-specific hazard communication completed and properly documented? [FORMCHECKBOX] Yes [FORMCHECKBOX] No
(Have checklist in HASP Attachment D faxed and attached to this form.)

15. When was the last safety briefing conducted? _____
List topic(s) discussed: _____
(Have minutes/sign-up sheet faxed and attached to this form.)

16. Explain any negative findings below:

_____ _____
Auditor's Signature ***Date***

HEALTH AND SAFETY FIELD AUDIT

MEDICAL AND FIRST AID		Yes	No	NA
1.	First Aid Kits accessible and identified?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Emergency eye/safety washes available?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Daily First Aid logs up to date?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	First Aid Kits inspected weekly?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	At least two First Aid trained persons on site at all times when working?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
SITE SAFETY/EMERGENCY PLANS		**Yes**	**No**	**NA**
1.	Safety plan posted on site and given to each person?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Initial site safety plan meeting held and documented before work begins?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Hazardous materials information available for all hazards?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Designated, qualified site health and safety coordinator on site?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Employees trained in toxicology/exposure risks?	[FORM CHEC	[FOR MCH	[FOR MCH

HEALTH AND SAFETY FIELD AUDIT

		KBOX]	ECKB OX]	ECKB OX]
6.	Emergency telephone numbers posted?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	Emergency routes designated?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	Emergency plan and signal reviewed with all persons?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
TRAINING		**Yes**	**No**	**NA**
1.	FSO Training Current for designated individual?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Is a daily tailgate safety briefing held?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Question and answer time available to all site personnel?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	All employees instructed in hazardous materials handling practices?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	New personnel to site receive access to & briefing on:	**Yes**	**No**	**NA**
	Safety Plan	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Site Orientation	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Review of:	**Yes**	**No**	**NA**

HEALTH AND SAFETY FIELD AUDIT

	LOP	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	DECON	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	ZONES	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Site Specific Safety and Health Hazards	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

HEALTH AND SAFETY FIELD AUDIT

PERSONAL PROTECTION		Yes	No	NA
1.	All equipment meets ANSI/OSHA/EPA criteria?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Levels of protection (LOP) established?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Site control zones (Exclusion, CRZ, Support) clearly designated?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	All employees know their LOP scheme?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	OSHA respirator program in place?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Employees fit tested for respirators?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	On site?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Fit tests current?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	Defective equipment tagged out?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	Breathing air grade "D" certified?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

HEALTH AND SAFETY FIELD AUDIT

9.	Sufficient quantities of equipment?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
10.	Safety instrumentation maintained and calibrated?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Maintenance. & Calibration logs up-to-date?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
DECONTAMINATION		**Yes**	**No**	**NA**
1.	Decon system set up on site?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Used?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	According to Safety Plan?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Contamination reduction corridor clearly delineated within the CRZ?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Appropriate waste receptacles available for all waste?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Receptacles properly closed at end of day?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	All Decon liquids properly contained and disposed of?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

HEALTH AND SAFETY FIELD AUDIT

6.	All wastes disposed of according to approved plan?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	All personnel received Decon training?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	All reusable personal protective gear deconned and disinfected at least daily?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
FIRE PREVENTION/PROTECTION		**Yes**	**No**	**NA**
1.	Hot work permits required?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Smoking restricted to designated area?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Fire lanes established, clearly designated & maintained?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Flammable/combustible liquid dispensing transfer systems grounded & bonded?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Proper flammable materials storage?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Fire alarm established; workers aware?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	Location and use of fire extinguisher known by all personnel?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

HEALTH AND SAFETY FIELD AUDIT

8.	Fire extinguishers checked before each shift?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
	Inspected monthly?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
9.	Fire extinguisher appropriate for fire hazard potential?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
10.	Combustible materials segregated from ignition sources?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]

HEALTH AND SAFETY FIELD AUDIT

WALKING AND WORKING SURFACES		Yes	No	NA
1.	Access ways, stairs, ramps and ladders free of ice, mud, snow or debris?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Ladders exceed max length?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Ladders used in passageways, doors or driveways?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Broken or damaged ladders tagged out?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Metal ladders prohibited in electrical service?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Safety feet on straight and extension ladders?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	Stairways, floor and wall openings guarded?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	Elevated work areas guard railed or safety chained?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
9.	Flotation devices worn when working on or over water?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
10.	Toe boards on overhead work surfaces?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

HEALTH AND SAFETY FIELD AUDIT

11.	Mobile offices/labs have fixed stairs and handrails?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
12.	Work areas kept free of debris and equipment?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
EXCAVATIONS, CONFINED SPACES, TUNNELS		**Yes**	**No**	**NA**
1.	Excavations sloped, shored or benched to prevent cave-ins?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Shoring approved by engineer?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Guardrails or fences placed around excavations near walkways or roads?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Excavation locations lighted/or otherwise made visible at night?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Utility check performed and documented before excavation or drilling?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Ladders available in trenches more than 4 feet deep and at a minimum, 25' intervals along a fence?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	All excavated material, personnel, heavy equipment is at least 24" from the edge of all trenches?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	Confined space entry permit procedure in place and communicated to all?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

HEALTH AND SAFETY FIELD AUDIT

9.	Employee training includes CSE hazards?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
10.	Is the space adequately ventilated?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
11.	Is there sufficient lighting?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
12.	Has the space been tested for: Oxygen Content (%O_2)?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	%LEL (Flammable Atmosphere)?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Toxic gases/vapors (specify in notes)?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
13.	Communication available inside to out?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
14.	No flammable or combustible materials stored in the space?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
15.	CSE procedures used for space?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
16.	CSE procedure checklist:	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

	Attendent (full-time safety watch)?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
	Attendent protected same as entrants?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
	Rescue from outside space? (Retrieval system)?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
	Appropriate harness?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
	Continuous monitoring for % O_2, % LEL & TOX?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
	Level B or constant ventilation and monitoring?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]

HEALTH AND SAFETY FIELD AUDIT

EXCAVATIONS, CONFINED SPACES, TUNNELS (CONT.)		Yes	No	NA
16	Instruments calibrated?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Maintain and inspect log for all equipment?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
17.	Confined space isolated from gases/fluids/electrical/mechanical hazards by written energy control plan for equipment?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Confined space isolated from any raw materials/chemical piping by either blanking, blind flange, double-block-and-bleed, or removal and mis-aligning pipe sections?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
MOTOR VEHICLES/HEAVY EQUIPMENT		**Yes**	**No**	**NA**
1.	Inspected before each use?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Operators licensed for equipment used?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Unsafe equipment tagged out and reported?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	All safety appliances/guards in place?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Shut down for fueling?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Equipped with back-up alarms or spotter used if 360° visibility restricted?	[FORM CHEC	[FOR MCH	[FOR MCH

HEALTH AND SAFETY FIELD AUDIT

		KBOX]	ECKB OX]	ECKB OX]
7.	Loads are secure before transport?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	Roads and structures inspected for load capacity per vehicle weights?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
9.	Riders prohibited on heavy equipment?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
SLINGS AND CHAINS		**Yes**	**No**	**NA**
1.	Slings, chains and rigging rated for intended use and inspected per OSHA. Documentation of inspection in daily log?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Damaged slings, chains or rigging tagged out and reported?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Employees are instructed and keep clear of suspended loads?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
ELECTRICAL		**Yes**	**No**	**NA**
1.	Warning signs indicate the presence and location of high voltage equipment, 50-V or greater present and location?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Electrical equipment and wiring properly guarded?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Electrical lines, extension cords and cables guarded and properly maintained?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Extension cords kept dry out of puddles and rain?	[FORM	[FOR	[FOR

HEALTH AND SAFETY FIELD AUDIT

		CHECKBOX]	MCHECKBOX]	MCHECKBOX]
5.	Damaged equipment tagged out?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
6.	Underground electrical lines located and indicated?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
7.	Overhead electrical lines de-energized or elevated work platforms, work areas, booms or ladders erected so no contact can occur with electrical lines?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
8.	A positive electrical lock-out system is used whenever work is done on or in electric equipment or electrically activated equipment?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
HAND AND POWER TOOLS		**Yes**	**No**	**NA**
1.	Guards and safety devices in place and used?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
2.	Inspected before each use?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
3.	Tagged out if defective?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
4.	Eye protection areas identified and protection worn?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]
5.	Non sparking tools available?	[FORMCHECKBOX]	[FORMCHECKBOX]	[FORMCHECKBOX]

HEALTH AND SAFETY FIELD AUDIT

WELDING AND CUTTING		Yes	No	NA
1.	Fire extinguishers present at all welding and cutting operations?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Confined spaces, tanks, pipelines tested before welding or cutting?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Hot work permitting system in use?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Proper helmets and shields (including proper tint for UV protection) used?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Properly grounded?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Gas Cylinders: Fuel gas & O_2 gas cylinders off / with caps when not in use?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
	Stored upright and secured?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	Only trained welders permitted?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
COMPRESSED GAS CYLINDERS/PRESSURIZED LINES		**Yes**	**No**	**NA**
1.	Breathing air cylinders charged only to prescribed pressure?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
2.	Could non-air gas system(s) be mistaken for breathing air?	[FORM CHEC	[FOR MCH	[FOR MCH

HEALTH AND SAFETY FIELD AUDIT

		KBOX]	ECKB OX]	ECKB OX]
	Fittings prohibit cross connection?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Cylinders segregated appropriately in controlled, protected but well ventilated areas?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Smoking prohibited in storage areas?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Cylinders stored upright and secured?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Cylinder caps in place when stored (not in use) or when cylinders moved?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	Fuel gas and O_2 minimum 20' apart when stored?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	Pressurized air or waterlines are securely connected?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
9.	All site personnel know never to step across a pressurized line?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
10.	Gas or other hazardous lines are labeled appropriately?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
MISCELLANEOUS		**Yes**	**No**	**NA**
1.	Tools and other equipment (portable) are stored away from walkways, roads or driveways where they cannot fall on or be fallen over by site personnel?	[FORM CHEC	[FOR MCH	[FOR MCH

HEALTH AND SAFETY FIELD AUDIT

		KBOX]	ECKB OX]	ECKB OX]
2.	Overhead hazards are noted, communicated to all and labeled as needed?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
3.	Hard hat, eye hearing and protection areas are defined and signs in place?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
4.	Hard hats, eye and head protection used where appropriate?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
5.	Signs or labels are in place or appropriate training received?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
6.	Copies of contracts with client and sub-contractors are on-site, WESTON's role regarding site health and safety responsibilities clear in these and in the minds of the site manager(s)?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
7.	Sub-contractors have received approved copies of their safety plan or have signified their intent to conform with Weston's safety plan?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
8.	Site managers understand their responsibilities for sub-contractors' conformance with all OSHA and other health and safety requirements?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]
9.	Site managers know what to do in the event of an OSHA inspection?	[FORM CHEC KBOX]	[FOR MCH ECKB OX]	[FOR MCH ECKB OX]

COMMENTS

ATTACHMENT J
SITE SECURITY ASSESSMENT

SITE SECURITY ASSESSMENT FORM

DESCRIPTION

Site Name and Location: ITC Fire Response	**Number of Employees and Subcontractors on Site:** Weston: 10-20; subcontractors: 2-4
Type of Work:	
Projected Start Date: 3/18/19	**Projected Completion Date: 4/30/19**

Are Chemicals Used or Stored That Meet DHS/CFATS Requirements? No.
[HYPERLINK "http://www.dhs.gov/files/programs/gc_1185909570187.shtm"]

If Yes, Attach Plan and DHS Approvals to HASP.
[HYPERLINK "http://www.dhs.gov/files/programs/gc_1169501486197.shtm"]

SURROUNDING AREA
(urban/suburban/rural; residential/commercial/industrial; traffic volume, population density, etc.)

Industrial area on and around the Houston Ship Channel; Surrounding residential neighborhoods that will be accessed for mobile air monitoring operations.

THREAT INDICATORS ***(apparent social, economic, political, ethnic, criminal, gang related, and other risk factors)***

Emergency response site; crime stats in residential neighborhoods unknown

COUNTERMEASURES ***(Current and projected risk mitigation factors)***

Security Systems (Reference Site Security Checklist):

Security Procedures (Reference Site Security Checklist):

Closest police station location and contact information:
Deer Park, TX Police Department
2911 Center Street
Deer Park, TX 77536
Non-Emergency Phone: 281-478-5717

Other relevant observations or information to factor into the Site Security Plan

OVERALL SECURITY ASSESSMENT ***(Submit "Medium" and "High" risk assessments to Corporate Security for review)***

Risk Level: [FORMCHECKBOX] Low FORMCHECKBOX] High	**[FORMCHECKBOX] Medium**	**Date: 3/23/19**
Site Safety Officer: Derrick Cobb	**Regional Safety Manager: David Robinson**	

USE ATTACHMENTS FOR ADDITIONAL COMMENTS, MAPS AND DIAGRAMS

WESTON SITE SECURITY CHECKLIST

To be used for completing the Site Security Assessment Form required on all WESTON projects.
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".

CONTROL MEASURES:	In-Place / Not In-Place	Needed / Not Needed
1. Fencing, lockable gates, no holes (enter details below):	[FORMCHECKBOX] / [FORMCHECKBOX]	**[FORMCHECKBOX] / [FORMCHECKBOX]**
a. Chain Link material	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
b. Other material (describe)	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
c. Height (in feet and inches)	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
d. Top cover (e.g., razor wire)	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
e. Signage (e.g., No Trespassing)	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
2. Guard service: 24 Hour Work Operations	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
a. During working hours?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
b. During non-working hours?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
c. As a stationary post?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
d. As a roving patrol?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
e. Do they have written instructions?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
f. Do they have adequate training?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
g. Do they have adequate supervision?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
h. Do they have daily reports?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
i. Do they have daily inspections?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
3. ID badges displayed by: Hard Hat Decal	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
a. Employees?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]

b. Contractors?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
c. Visitors?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
4. Log books for:	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
a. Employee sign-in?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
b. Visitor sign-in?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
c. Vehicle sign-in?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
d. Incident reports?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
e. Property removal?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
f. Keys and access cards?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
5. Electronics and hardware options (enter details below):	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
a. Access card readers	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
b. Adequate lighting	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
c. Closed circuit TV	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
d. Alarm system	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
e. Other (describe)	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
6. Procedures documented for:	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
a. Security training?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
b. Security instructions?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
c. Contingency plans?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]

d. Opening and closing protocols?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
e. Other (describe)?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
7. Law enforcement liaison documented for:	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
a. Municipal police?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
b. County sheriff?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
c. State police?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]
d. Federal agencies (specify)?	[FORMCHECKBOX] / [FORMCHECKBOX]	[FORMCHECKBOX] / [FORMCHECKBOX]

WESTON SITE SECURITY CHECKLIST (CONTINUED)

To be used for completing the Site Security Assessment Form required on all WESTON projects.
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".

CHAIN OF COMMAND:	Name	24/7 Contact Information
a. Site Security Coordinator	Daniel Tighe	Mobile: 713-397-1550
b. Site Supervisor	Daniel Tighe	Mobile: 713-397-1550
c. Project Team Lead	Daniel Tighe	Mobile: 713-397-1550
d. Program Manager	Ceci Shappee	Mobile: 832-347-4216
e. RCO Operations Mgr	Tom Cooper	Mobile: 303-808-9776

REMARKS (use this section and supplemental pages to comment on details, exceptions or additional observations):

ATTACHMENT K
HAZARD CHECKLIST

Use this form for periodic site EHS inspections or for Site Reconnaisance prior to preparation of a HASP.

Date: _____ Site Manager/EHS Officer: Daniel Tighe/Derrick Cobb Location: ITC Plant

Address: Independence Pkwy, Deer Park Texas _____

Street *State* *ZIP:*

Task Team (name or reference via daily Sign-in Sheet): See sign-in sheet

HAZARDS IDENTIFIED *(check applicable)*											
Chemical		**Biological**		**Physical**		**Physical, con't**		**Remote Areas**			
[FORMCHECKBOX]	Flammable/combustible	[FORMCHECKBOX]	Insects	[FORMCHECKBOX]	Noise	[FORMCHECKBOX]	Man. Material Handling	[FORMCHECKBOX]	Materials handling		
[FORMCHECKBOX]	Corrosive	[FORMCHECKBOX]	Animals	[FORMCHECKBOX]	Heat	[FORMCHECKBOX]	Demolition	[FORMCHECKBOX]	High Pressure Washers		

[FORMCHECKBOX]	Oxidizer	[FORMCHECKBOX]	Plants	[FORMCHECKBOX]	Cold	[FORMCHECKBOX]	Excavation	[FORMCHECKBOX]	Hand and Power Tools
[FORMCHECKBOX]	Reactive	[FORMCHECKBOX]	Mold/Fungus	[FORMCHECKBOX]	Inclement Weather	[FORMCHECKBOX]	Pile Driving	[FORMCHECKBOX]	Low Illumination
[FORMCHECKBOX]	Toxic	[FORMCHECKBOX]	Viral/Bacterial	[FORMCHECKBOX]	Hot Work	[FORMCHECKBOX]	Welding/Cutting/Burn	[FORMCHECKBOX]	Drilling & Boring

[FORMCHECKBOX]	Inhalation	[FORMCHECKBOX]	Density Gauges	[FORMCHECKBOX]	Confined Spaces	[FORMCHECKBOX]	Hot Surfaces	[FORMCHECKBOX]	Striking against/Struck-by
[FORMCHECKBOX]	Eyes/Skin	[FORMCHECKBOX]	Radiological	[FORMCHECKBOX]	Stored hazardous Energy	[FORMCHECKBOX]	Hot Materials	[FORMCHECKBOX]	Caught-in/Caught between
[FORMCHECKBOX]	Pesticides	[FORMCHECKBOX]	Ultra-Violet	[FORMCHECKBOX]	Elevation	[FORMCHECKBOX]	Rough Terrain	[FORMCHECKBOX]	Pushing/pulling

[FORMCHECKBOX]	Carcinogen	[FORMCHECKBOX]	Sunlight	[FORMCHECKBOX]	Utilities	[FORMCHECKBOX]	Compressed Gases	[FORMCHECKBOX]	Falls at same level
[FORMCHECKBOX]	Asbestos	[FORMCHECKBOX]	Infrared	[FORMCHECKBOX]	Machinery	[FORMCHECKBOX]	Hazardous Mat. Storage	[FORMCHECKBOX]	Falls from elevation
[FORMCHECKBOX]	Lead	[FORMCHECKBOX]	Lasers	[FORMCHECKBOX]	Mobile equipment	[FORMCHECKBOX]	Diving	[FORMCHECKBOX]	Repetitive motion

[FORMCHECKBOX]	UXO/OE/ CWM	[FORMCHECKBOX]	XRF	[FORMCHECKBOX]	Cranes	[FORMCHECKBOX]	Operation of Boats	[FORMCHECKBOX]	High (>110v) Electricity
[FORMCHECKBOX]	Process Safety	[FORMCHECKBOX]	Isotopes	[FORMCHECKBOX]	Manual Material Handling	[FORMCHECKBOX]	Working Over Water	[FORMCHECKBOX]	Slippery surface Ice/Snow
[FORMCHECKBOX]	Applying Paint/Coatings	[FORMCHECKBOX]		[FORMCHECKBOX]	Ladders	[FORMCHECKBOX]	Traffic	[FORMCHECKBOX]	

[FORMCHECKBOX]		[FORMCHECKBOX]		[FORMCHECKBOX]	Scaffolding	[FORMCHECKBOX]	Site Security	[FORMCHECKBOX]	
REQUIRED PROTECTION ***(check applicable)***									
Engineering Controls		**Administrative Control**		**PPE**				**Contingency**	
[FORMCHECKBOX]	Guard Rails	[FORMCHECKBOX]	Qualified for task	[FORMCHECKBOX]	Air Supplying Respirator	[FORMCHECKBOX]	Tyvek coveralls	[FORMCHECKBOX]	Emergency Signal Known
[FORMCHECKBOX]	Machine Guards	[FORMCHECKBOX]	Trained/Certified	[FORMCHECKBOX]	Air Purifying Respirator	[FORMCHECKBOX]	Coated Coveralls	[FORMCHECKBOX]	Eye wash/shower Location

[FORMCHECKBOX]	Sound Barriers	[FORMCHECKBOX]	Hot Work Permit	[FORMCHECKBOX]	SCBA	[FORMCHECKBOX]	Welding leathers	[FORMCHECKBOX]	First Aid Kit Location
[FORMCHECKBOX]	Enclosure	[FORMCHECKBOX]	CSE Permit	[FORMCHECKBOX]	Hard Hat	[FORMCHECKBOX]	CWM	[FORMCHECKBOX]	Fire Extinguisher Location
[FORMCHECKBOX]	Elevation	[FORMCHECKBOX]	Lockout/Tag Out	[FORMCHECKBOX]	Ear Plugs	[FORMCHECKBOX]	Safety Shoes/Boots	[FORMCHECKBOX]	Spill Kit Location

[FORMCHECKBOX]	Isolation	[FORMCHECKBOX]	Work Permit	[FORMCHECKBOX]	Ear Muffs	[FORMCHECKBOX]	Rubber Boots	[FORMCHECKBOX]	Severe weather shelter
[FORMCHECKBOX]	GFCI	[FORMCHECKBOX]	Dig Safe Permit	[FORMCHECKBOX]	Safety Glasses	[FORMCHECKBOX]	Gloves	[FORMCHECKBOX]	Evacuation Routes
[FORMCHECKBOX]	Assured Ground Program	[FORMCHECKBOX]	Contingency Plan	[FORMCHECKBOX]	Goggles	[FORMCHECKBOX]	Cooling Suits		

[FORMCHECKBOX]	Apply Anti-slip/skid Mat	[FORMCHECKBOX]	Critical Lift Plans	[FORMCHECKBOX]	Chemical Goggles	[FORMCHECKBOX]	Ice Vests		
		[FORMCHECKBOX]	Equip. Inspection Sheets	[FORMCHECKBOX]	Face Shield	[FORMCHECKBOX]	Radiant heat Suits		
				[FORMCHECKBOX]	Thermal Shield	[FORMCHECKBOX]	Fall Arrest		

				[FORMCHECKBOX]	Welding Mask	[FORMCHECKBOX]	PFD		
				[FORMCHECKBOX]	Cutting Glasses	[FORMCHECKBOX]	Electrical insulation		

Any Modification to Tasks (list)	Other tasks or activities that may affect my activity	Reasons for any changes indicated above

ENVIRONMENTAL COMPLIANCE CONSIDERATIONS:			
[FORMCHECKBOX]	Generation of Hazardous Waste*	[FORMCHECKBOX]	Shipment of Hazardous Waste off-site*
[FORMCHECKBOX]	Generation of Investigation Derived Waste*	[FORMCHECKBOX]	Shipment of Samples in accordance with DOT/IATA
[FORMCHECKBOX]	Treatment, Storage, or Disposal of Hazardous Waste*	[FORMCHECKBOX]	Generation of Hazardous Waste*

[FORMCHECKBOX]	Contingency to prevent or contain hazardous materials or oil spills or discharges to drains, body of water, soil*	[FORMCHECKBOX]	Generation of Investigation Derived Waste*
		[FORMCHECKBOX]	Treatment, Storage, or Disposal of Hazardous Waste*
[FORMCHECKBOX]	Disturbing of Asbestos Containing Materials (ACM)*	[FORMCHECKBOX]	Waste Identification & Manifesting - Marking, Placarding, Labeling

[FORMCHECKBOX]	Application of Pesticides or Herbicides*	[FORMCHECKBOX]	Training & Licensing for Use of Radioactive Materials/Sources
[FORMCHECKBOX]	Work on Above or Under-ground Storage Tanks*	[FORMCHECKBOX]	Containers: dated, labeled, closed, full, stored less than 90 days
[FORMCHECKBOX]	Transportation, Storage or Disposal of Radioactive Material*	[FORMCHECKBOX]	Risk of explosion or catastrophic release due to chemical storage or processing involving reactivity, flammables, solvents or explosives

[FORMCHECKBOX]	Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit*	[FORMCHECKBOX]	Training & Licensing for Asbestos Remediation Activities
[FORMCHECKBOX]	Excavations, Drilling, Probing or other activities that could impact underground utilities, pipelines, sewer or treatment systems.	[FORMCHECKBOX]	
		[FORMCHECKBOX]	
Audit Notes			

** Indicates need for an environmental compliance plan.*

ATTACHMENT L
PROJECT / SITE AUDIT RECORDS

Use this section to file EHS audit documents

Message

From: Eoc, Epahq [Eoc.Epahq@epa.gov]
Sent: 3/17/2019 7:31:27 PM
To: Adams, Pratistha [Adams.Pratistha@epa.gov]
Subject: Re: OSC and START Activated

Thanks! Issuing a Spot Report on this and will bcc you.

V/R,
Nancy Abrams , Senior Watch Officer
U.S. Environmental Protection Agency
Emergency Operations Center
1200 Pennsylvania Ave NW
Washington, DC 20460
(202) 564-3850
(Sent from iPhone)

On Mar 17, 2019, at 3:18 PM, Adams, Pratistha <Adams.Pratistha@epa.gov> wrote:

> On the afternoon of 03/17/2019, at approximately 13:00 central time OSC A Adams and a START personnel have been activated to response to a fire at the chemical facility in, Deer park TX. PDO officer was notified by the NRC (1240304) about the fire at International Terminal Corporation (ITC) in Deer Park, Houston TX. According to the NRC report one of the tanks containing NAPTA has caught on fire, the total capacity of the tank is 80,000 barrels. ITC DEER PARK has issued an evacuation order of 5 miles radius and has engaged in firefighting shore side. City of Deer Park, TX has also issued a shelter in place order. There have been no injuries reported. Coast Guard Station Houston and TCEQ is on scene. NOAA plume modeling indicated that it would not affect the Houston Ship Channel ATT. An Incident Command Post has been stood up, and Sector Houston Galveston representatives are en route to assist.
>
> **Pratistha Adams**
> Federal On-Scene Coordinator
> U.S. EPA – Region 6
> Dallas, TX
> c. 469-805-4910

Office of Superfund Remediation and Technology Innovation

Consolidated Report to the Assistant Administrator for the
Office of Land and Emergency Management
March 20, 2019

Hot Topics

International Terminal Corporation, Deer Park, Texas

On the evening of March 17, 2019, Region 6 requested OSRTI's support for mobile air monitoring in the emergency response to the fire at International Terminal Corporation, Deer Park, Texas. The TAGA mobile laboratory from Research Triangle Park, North Carolina and OSRTI staff were mobilized on March 18, and will be on the scene on the evening of March 20 and are expected to begin work performing air monitoring in communities and near the industrial facility.

Allied Paper/Kalamazoo River Site

OSRTI provided technical support to Region 5 at the Allied Paper/ Kalamazoo River Site in meetings with the Michigan Department of Natural Resources and Georgia Pacific held in Detroit, Michigan. The parties discussed ongoing and upcoming chemical and physical sampling efforts in Lake Allegan to evaluate natural recovery processes and rates in Area 6 (Lake Allegan). In addition, a pilot study will be undertaken in 2019 in Lake Allegan to remove common carp to expedite the natural recovery processes. The sampling program to assess its impact on natural recovery was also discussed.

Tar Creek (Ottawa County) Superfund site in Ottawa County, Oklahoma

On March 11, 2019, EPA Region 6 released the Tar Creek (Ottawa County) strategic plan for a 30-day public comment period. The **strategic plan** provides an update on the cleanup progress and outlines how **EPA**, the Oklahoma Department of Environmental Quality, the Quapaw Nation, and the **Tar Creek** community will work to improve progress in addressing mining waste and contamination at the site. EPA Region 6 seeks support from OSRTI's support to finalize the plan after the public comment period ends.

[HYPERLINK "https://www.epa.gov/newsreleases/epa-announces-tar-creek-strategic-plan-improve-cleanup-progress"]
[HYPERLINK "https://www.tulsaworld.com/news/local/epa-announces-million-annually-for-tar-creek-superfund-site-cleanup/article_e8ad1941-8fdc-55c8-9b44-a559dbdfba9d.html"]
[HYPERLINK "http://www.newson6.com/story/40106788/epa-announces-strategic-plan-to-improve-tar-creek-cleanup-progress"]

Technical Review Workgroup: Lead Models and Parameters

The Lead TRW provides technical advice on tools the Superfund program uses to assess risk from lead exposure.

- An update to the default Relative Bioavailability parameter is in OSRTI management review. The parameter's value did not change; however, there is a more robust dataset to support the value.
- IEUBK (version 2): ORD's evaluation is expected to begin by April 1, 2019.
- All Ages Lead Model (AALM): The nominations for the Science Advisory Board panel selection to evaluate the AALM is in 21-day review. The AALM will be released on an EPA intranet site, timeframe to be determined, and eventually will be publicly released.

Remedial Acquisition Framework

The first task order under the Environmental Services and Operations (ESO) contract was awarded last week by Region 4 for LTRA work in the Sanford Dry Cleaners site. This first task order achieved our goals of expanding the pool of remedial vendors, increasing small business utilization, and achieving cost efficiency by awarding the task to a new small business, HelioTech JV, for an amount 34% less than the Independent Government Estimate.

This week, OSRTI staff are in Region 6 working with the integrated project team (IPT) placing the first task order under the Design and Engineering Services (DES) contract. This table-top exercise is a hands-on preparation of materials resulting in a draft task order package and a collection of best practices and lessons learned pertaining to the task order procurement process.

Superfund Task Force

Superfund Task Force Quarterly Update

On March 13, 2019, OSRTI posted the [HYPERLINK "https://semspub.epa.gov/src/document/HQ/100001942"], as well as updates to the [HYPERLINK "https://www.epa.gov/superfund/superfund-task-force-status-recommendations" \l "completion"] and the [HYPERLINK "https://www.epa.gov/superfund/superfund-task-force-status-recommendations" \l "recommendation"].

OIG Audit: Superfund Workload Allocation

OSRTI is working with the OLEM IO, OECA and the regional Division Directors to prepare a response for the OIG's audit [HYPERLINK "https://www.epa.gov/sites/production/files/2017-09/documents/_epaoig_20170919-17-p-0397.pdf"], the response to which is due March 29, 2019. OSRTI held a national call with the regional Division Directors on March 7, 2019, as a follow up from the OLEM IO meeting on March 6, 2019, and has materials out for review by the regional Division Directors' work group.

Informational/No Action Required

EPA's Lean Management System (ELMS)

OSRTI's Resource Management Division's (RMD's) ELMS Project

The Resources Management Division (RMD) has been making progress on its ELMS A3 project on purchase request (PR) process efficiency. As part of the EPA's ongoing implementation of Lean management efforts, RMD identified a need to improve the process of creating PRs within OSRTI. The RMD ELMS project team has successfully crafted a problem statement, gathered data to analyze metrics, and utilized problem-solving tools, such as "Five Whys," to determine the problem's root cause.

Next steps include crafting an action plan and tracking metrics to monitor progress and inform next steps.

Red Panther Chemical Company Superfund Site, Mississippi

OSRTI reviewed a proposed plan, recommending no further action for the 6.5-acre former Red Panther Facility (RPF) property and the 18th Street residential neighborhood located to the west of the RPF property. Responsible parties removed, as part of a short-term cleanup action, approximately 7,400 tons of pesticide contaminated soil and eight aboveground storage tanks (approximately 117 tons of tank sludge) from the RPF property between 2002-2005. Data collected during 2017/2018 remedial investigation demonstrates that there is no unacceptable risk to human health or the environment from exposure to groundwater, surface water, sediment, or soil at the RPF property or the 18th Street neighborhood.

New Carlisle Landfill Superfund Site, Operable Unit 1, New Carlisle, Ohio

OSRTI participated on the Alternatives Array Review Panel (Region 5's Regional Remedy Review Team) for the remedial alternatives identified in the Feasibility Study. New Carlisle Landfill was a former municipal and commercial landfill. Operable unit 1 consists of the landfill parcel and 3 adjacent buildings (2 residential, 1 commercial). The media being addressed is landfill waste, landfill gas, the groundwater underneath the landfill, and vapor intrusion at two adjacent residences. The downgradient VOC plume in groundwater is operable unit 2 and will be addressed in a future decision document. The landfill was closed in the 1970s and has a clay and gravel cap that has not been maintained. The preferred alternative includes an enhanced cap, passive gas venting, in situ groundwater treatment (enhanced reductive dechlorination or in-situ chemical reduction), and installation of sub-slab depressurization systems. The total estimated cost is $10M.

North Penn Area 6 Superfund Site, Lansdale, Pennsylvania

From March 4 to March 15, 2019, OSRTI supported Region 3 by conducting a vapor intrusion investigation at selected residential and commercial structures contaminated by volatile organic compounds. The study included use of the Edison Trace Atmospheric Gas Analyzer (TAGA) for air monitoring outside and inside the structures and sampling with Summa cannisters from the sub-slabs (i.e., spaces immediately below the buildings or residences), individual rooms throughout structures and ambient air just outside of the structures. Results are under evaluation by the region.

Technical Review Workgroup: Lead Committee Regional Consultations

Per the 2016 OLEM lead memo, regions consult with the Lead TRW on site-specific issues, such as risk assessments and five-year reviews, and seek technical advice on other issues. The following is a list of consultations, both site specific and other topics, the TRW conducted in the last two months:

- **Region 10**: The potentially responsible party for the Upper Colombia River Superfund has requested to use the dietary lead inputs from an Office of Water analysis in lieu of the current default inputs.
- **Region 2**: The Region is working to resolve inconsistencies between the New Jersey Department of Environmental Protection's update to "Lead Alternative Remediation Standard Technical Guidance," which cites 400 parts per million (ppm) for residential and 800 ppm for

nonresidential properties using 10 micrograms per deciliter (ug/dL) as a target blood lead level, and Region 2's lead strategy, which calls for 200 ppm for screening residential properties.

- **Region 6**: Is evaluating using lead source attribution in source characterization for a small site.

Department of Defense's Development of Ecological Screening Levels for PFAS

Technical staff from OSRTI and FFRRO along with staff from OW, ORD and EPA regions are providing input through the EPA's Ecological Risk Assessment Forum (ERAF) to the Department of Defense (DoD) Tri-Services Environmental Risk Assessment Work Group (TSERAWG) on DoD's effort to develop ecological screening levels for PFAS. The DoD work is sponsored by Air Force who have an Interagency Agreement with Argonne National Laboratory (ANL) who will perform the work. At this stage in the collaborative process, where EPA ERAF's role is to provide technical advice, a draft methodology document from ANL is under ERAF review for comment. OLEM, ORD and OW staff have met with the TSERAWG and the contractor throughout the process via workgroup conference calls, separate subject-specific calls, and are contributing extensive comments and on ANL's draft proposed methodology. Regarding the aquatic ecological screening levels, OW would like ANL to perform the literature review and provide the results to OW to develop the aquatic screening levels for use by different EPA programs. These values will be the first Federal eco tox screening levels for PFAS and are expected to have widespread use nationally. Comments are expected to be delivered to the TSERAWG in the late March/early April timeframe.

EPA-Navy Collaborate Sharing Innovative Practices in Site Cleanup

OSRTI is collaborating with the Naval Facilities (NAVFAC) Engineering Command to deliver a webinar sharing lessons learned in optimizing Superfund remedies. The March 21, 2019, event targets NAVFAC technical audiences presenting the basics of an optimization review and summarizing key technical findings and accomplishments from 20 years of Superfund optimization. The webinar is hosted by NAVFAC and is open to the public.

Interstate Technology and Regulatory Council Annual Meeting

During the week of March 25, 2019, OSRTI staff will attend the ITRC annual meeting in Boston, Massachusetts. OSRTI staff are involved in several ITRC teams, including: Implementing Advanced Site Characterization Tools, Optimizing In-Situ Remediation Performance and Injection Strategies, and 1,4-Dioxane Teams. As part of the annual event, each of these teams will have working meetings to further progress on developing their technical guidance.

Records Management

On Thursday March 21, 2019, OSRTI staff will meet with representatives of the National Archives and EPA records management program to restart discussions of two key draft Superfund records schedules: 0755 for the Superfund Enterprise Management System (SEMS) and 1036 for Superfund site records [HYPERLINK "http://intranet.epa.gov/records/schedule/draft/1036.html"]. The approval of these schedules is linked to the pending functionality within SEMS to manage records within the system through their life cycles. Of relevance to OSRTI will be designation of records in SEMS to be the official versions thereby authorizing recycling of paper copies.

Superfund Enterprise Management System and Web Access Management Upgrade

The Superfund Enterprise Management System (SEMS) has been unable to take advantage of the Web Access Management (WAM) upgrade originally scheduled for December 21, 2018. On the evening of Thursday, March 14th, the SEMS and National Computing Center (NCC) teams were able to jointly confirm that the staging / test and production environments don't match. The SEMS and WAM team continue to work together on resolving connectivity issues. OMS has agreed that the 10g version of access management will remain up until this issue is resolved.

Planning Data on the Superfund Site Profile Pages

At the end of April, OSRTI will add SEMS site schedule planning data to the public facing Superfund Site Profile pages. Planning data will be shared for plans within the current fiscal year plus two fiscal years (2019-2021), which aligns with OSRTI's regional work planning review cycle. The public will see a date range for planned site milestones such as removal, RI/FS, ROD, remedial design, remedial action, construction completion, LTRA, and NPL listing and deletion.

Superfund Site Profile Pages include sites that are NPL Proposed, Final, Deleted and a few high profile non-NPL sites. HQ and regional testing is underway through March 29, 2019, and feedback will be incorporated for an end of April 2019 release.

Example:

Milestone	Start Date	Completion Date

OU 01 - OU1 SITEWIDE - REMEDIAL		
Combined Remedial Investigation/Feasibility Study *(EPA Performed)*	05/19/2016	
Record of Decision		Estimated Jun-Aug 2019
Remedial Action	Estimated Jun-Aug 2019	
OU 02 - OU2 MAYFLOWER		
Administrative Order of Consent *(EPA Performed)*		05/10/2017
Remedial Investigation *(PRP Performed, EPA Oversight)*	05/10/2017	Estimated Sep-Nov 2019
Feasibility Study	Estimated Mar-May 2020	Estimated Mar-May 2021
Record of Decision		Estimated Mar-May 2021
Remedial Design	Estimated Dec 2020-Feb 2021	Estimated Jun-Aug 2021
Remedial Action	Estimated Jun-Aug 2021	

Superfund Redevelopment Initiative Updates

Fairfax Street Wood Treaters Superfund site in Jacksonville, Florida [Superfund Job Training Initiative]
Five graduates of the Superfund Job Training Initiative ("SuperJTI") at the site have been hired in cleanup positions with remedial contractor ENTACT. EPA Region 4 site staff and remedial contractor Black and Veatch assisted with the job placement process, and additional interviews for positions on site are expected to be conducted during the week of March 18, 2019.

Superfund Redevelopment Headquarter Regional Seeds

Nuclear Metals Superfund site in Concord, Massachusetts
On March 8th, SRI submitted an interim reuse assessment presentation for the site to EPA Region 1. The presentation outlines the SRI reuse planning process for the site, evaluates site suitability for reuse

and highlights future land use opportunities and constraints. On March 12th, SRI held a teleconference with the EPA Region 1 site team to gather comments on the interim reuse assessment presentation.

Colorado Smelter Superfund site in Pueblo, Colorado
On March 12, 2019, SRI joined EPA Region 8 at the Colorado Smelter Revitalization Group meeting to review the draft Revitalization Plan, gather comments and discuss implementation opportunities. Comments are due March 20, and SRI will incorporate feedback and share a final version for EPA Region 8 to distribute.

Bunker Hill Mining & Metallurgical Complex Superfund site in Smelterville, Idaho
This week, SRI supported the EPA Region 10 site team with developing outreach materials for the upcoming stakeholder group meetings on April 24, 2019, and the public meeting on April 25, to discuss reuse options for the undeveloped parcels that are part of the site.

Midway Landfill Superfund site in Kent, Washington
EPA Region 10 has been working with Seattle's Sound Transit to discuss possibilities for a new light rail switching station south of Seattle. Based on conversations, Sound Transit is considering the Midway Landfill Superfund site as one of 6 location options for the new facility.

EPA Region 5 Meeting with the International Council of Shopping Centers
On March 13, 2019, EPA Region 5 staff met with members of the International Council of Shopping Centers to discuss commercial retail development at Superfund sites. The meeting covered a range of developer and lender questions and concerns about Superfund redevelopment and highlighted Agency tools, resources and expertise for clarifying appropriate site uses and opportunities. The Region 5 Superfund Redevelopment Coordinator, Tom Bloom, shared resources, case study examples and national and regional redevelopment contacts with the group.

OSRTI Contracts

Scientific Engineering, Response and Analytical Services
The advanced procurement package (APP) was signed in March 2015. The current contract has been extended multiple times, with the most recent extending to March 22, 2020. Follow-on work will be split into two separate contracts: REAC East (large business) and REAC West (small business). The acquisition process has been initiated. Milestone estimates from OAS anticipate award dates as late as December 2019, for REAC East and the REAC West's award is to be determined.

Hazard Ranking System
The APP for re-compete was signed in May 2017. The acquisition was assigned in November 2018 to Lynette Gallion, Contracting Officer, with the assistance of Jose Ortiz, Contracts Specialist, in the OAS Mission Support Branch. OSRTI has previously received a milestone plan from OAS that estimates an

April 2019 award date. The current contract extension expires June 15, 2019, with two six-month extension periods to cover the re-acquisition effort as needed.

OSRTI Mission Support Contract Advanced Procurement Package
The OSRTI office director signed the advanced procurement package for this contract in November 2018 and forwarded it to the OLEM IO for review. The procurement seeks to replace two critical expiring mission support contracts: The current ICF contract expires September 2019.

Training Updates

CERCLA Education Center

Upcoming CERCLA Education Center (CEC) courses available on and logistically supported by [HYPERLINK "http://www.trainex.org"]

The CEC distributed the 2019 Superfund Remedial Training Needs Assessment on September 28, 2018, to RPMs, Community Involvement Coordinators, Technical Support staff, and Site Assessment Managers, with a closing date of October 31, 2018. To increase participation, the closing date was extended to November 16, 2018. The overall response rate across the four groups of participants was 26 percent. The results from the assessments will be used to help plan, develop, and deliver new training courses for Superfund staff at headquarters and in the regions, as well as improve current training offerings.

Federal Facility Remedial Project Manager (RPM)
April 2 – 4, 2019, Seattle, WA

Superfund 101
April 8 - 12, 2019, San Francisco, CA

Remedial Design/Remedial Action (RD/RA)
April 15 -1 6, 2019, Atlanta, GA

Federal Facility RPM
April 16 - 18, 2019, Richland, WA

Remedial Action (RA): Planning, Competing and Administering Task Orders Under the EPA Remedial Acquisition Framework (RAF) Contracts
April 17 - 19, 2019, Atlanta, GA

Superfund 101
April 22 - 26, 2019, Dallas, TX

Preliminary Assessment and Site Inspection
April 23 - 25, 2019, Boston, MA

Oversight Support: Planning, Competing and Administering Task Orders Under the EPA Remedial Acquisition Framework (RAF) Contracts
April 29 - May 1, 2019; Helena, MT

Oversight Support: Planning, Competing and Administering Task Orders under the EPA Remedial Acquisition Framework (RAF) Contracts

May 1 – 3, 2019; Helena, MT

Removal Process
May 6 - 10, 2019, Chicago, IL

Long Term Response Action (LTRA): Planning, Competing and Administering Task Orders Under the EPA Remedial Acquisition Framework (RAF) Contracts
May 14 -16, 2019, Lenexa, KS

Trainex

OSRTI's Training Exchange (Trainex) website maintains data for 1,611 courses (6,547 individual classes) and 36,800 students. There are currently 95 active class offerings. Visit Trainex at [HYPERLINK "http://www.trainex.org"]. Please note that the events with links listed are not included in Trainex's public listings and are offered by invitation only to assist in attendance control. **These links should not be shared outside the intended event audience.** In addition to CEC (listed above) and Environmental Response Training Program ERTP courses, Trainex is providing registration support for:

Explosives, Fireworks, and Other Things that go Boom
March 28, 2019; Castaic, CA

Multi-Agency Radiation Survey and Site Investigation Manual (MARSSIM) Training, Live On-line Class, Internet Based
April 22 – 26, 2019

Multi-Agency Radiation Survey and Site Investigation Manual (MARSSIM) Training, Live On-line Class, Internet Based
April 22 – 26, 2019

40 Hour HAZWOPER, San Jose, CA
April 22 – 26, 2019

Superfund New Attorney Training ([HYPERLINK "https://www.trainex.org/NewAttorney"]), Washington, D.C.
May 6 – 10, 2019

RRT 1 Spring 2019 Meeting, Westborough, MA
May 21 – 22, 2019

Upcoming Meetings

Design and Construction at Hazardous Waste Sites
April 8 - 10, 2019, Philadelphia, PA

RAF RES Kickoff Meeting
April 16, 2019; Chicago, IL

Good Sam Meeting
April 17 – 18, 2019; Denver, CO

Region 4 State Director's Meeting
April 23 – 23, 2019; Jacksonville, FL

ASTSWMO Mid-Year Meeting
May 1 – 2, 2019; New Brunswick, NJ

Message

From: Petersen, Chris [petersen.chris@epa.gov]
Sent: 4/2/2019 4:32:01 PM
To: Phillips, Pam [phillips.pam@epa.gov]; Adams, Pratistha [Adams.Pratistha@epa.gov]; Webster, Susan [webster.susan@epa.gov]
Subject: RE: R6 Daily Ops Report (4/1-4/2/2019)No Significant Events

Yes Matt is on his way to the location from Deer Park.

From: Phillips, Pam
Sent: Tuesday, April 2, 2019 11:29 AM
To: Adams, Pratistha <Adams.Pratistha@epa.gov>; Petersen, Chris <petersen.chris@epa.gov>; Webster, Susan <webster.susan@epa.gov>
Subject: Re: R6 Daily Ops Report (4/1-4/2/2019)No Significant Events

Have you heard anything about the plant explosion and fire in Crosby? Radio news is saying there is a big fire

Sent from my iPhone

On Apr 2, 2019, at 7:47 AM, Adams, Pratistha <Adams.Pratistha@epa.gov> wrote:

R6 Daily Ops Status Report

Current Status(8:44 AM EST on 4/2/2019) **Report Activities(4/1/2019 to 4/2/2019)**

Personnel

R1:	Moore
Tel Duty:	P Adams

Outposted OSC's

Houston, TX	Zehner	

Available OSC's

A Adams	Bernier	Brescia
Delgado	Delgado	Enders
Fife	Fisher	Guidry
Hayes	Loesel	Martin
Mason	McAteer	Moore
P Adams	Patel	Robertson
Rouse		

Unavailable OSC's

Spill Notifications

Total Spills: 15

State	Oil	Haz	Rad	Other
AR	0	0	0	0
LA	2	1	0	0
NM	0	0	0	0
OK	1	1	0	0
TX	5	2	0	3

Regional Spot Reports

No Regional Spot Reports for this reporting period

Pratistha Adams
Federal On-Scene Coordinator
U.S. EPA – Region 6
Dallas, TX
c. 469-805-4910

Message

From: Adams, Pratistha [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9233F39CDB39495595B9748B9952A3EA-BHANDARI, P]
Sent: 4/4/2019 1:47:19 PM
To: Smith, Monica [smith.monica@epa.gov]; Smalley, Bryant [smalley.bryant@epa.gov]
Subject: Fwd: What do we know about this?

Forgot to cc you guys

Sent from my iPhone

Begin forwarded message:

> **From:** "Crossland, Ronnie" <Crossland.Ronnie@epa.gov>
> **Date:** April 4, 2019 at 8:41:31 AM CDT
> **To:** "Adams, Pratistha" <Adams.Pratistha@epa.gov>
> **Cc:** "Smith, Monica" <smith.monica@epa.gov>, "Smalley, Bryant" <smalley.bryant@epa.gov>, "Adams, Adam" <Adams.Adam@epa.gov>
> **Subject: What do we know about this?**
>
> https://www.khou.com/mobile/article/news/local/lightning-strike-may-have-sparked-tank-fire-in-east-harris-county-overnight/285-a462a91b-ed35-434c-85d3-52bbf4987d75
>
> Sent from my iPhone

Message

From: Adams, Pratistha [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9233F39CDB39495595B9748B9952A3EA-BHANDARI, P]
Sent: 4/4/2019 1:46:43 PM
To: Crossland, Ronnie [Crossland.Ronnie@epa.gov]
Subject: Re: What do we know about this?

This is the first time I am hearing about it. Let me make some phone calls then I will get back to you

Sent from my iPhone

On Apr 4, 2019, at 8:41 AM, Crossland, Ronnie <Crossland.Ronnie@epa.gov> wrote:

> https://www.khou.com/mobile/article/news/local/lightning-strike-may-have-sparked-tank-fire-in-east-harris-county-overnight/285-a462a91b-ed35-434c-85d3-52bbf4987d75
>
> Sent from my iPhone